FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 895 0000 21428

Corporation Name								
FLORIDA	SETTLEMENT	&	TRUST	CORP.				

Principal Place		Mailing Address	3rd Ave. #4		
	NW 23rd Ave., #4	Suite M	SIU AVE. #4		
Suite			le,Fl 32609	,	
Gaines	sville,Fl 32609	Gainesvii	.ie,Fi 32009	Date Incorporated or Qualified	3a. Date of Last Report
				03/16/95	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
}	W 23rd Avenue	26		59-3301690	Not Applicable
Suite, Apt. 22 Suite	9 4	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
Gity & State 23 Gain€	esville, Fl 32609	City & State		6. Election Campaign Financing Trust Fund Contribution	(2) \$5.00 May Be Added to Fees
Zip ·	Country	Zip	. Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
King	Beverly A		81 Name	ism U Vina	
1135 N	Beverly A W 23rd Avenue		82 Street A	iam H. King Address (P.O. Box Number is Not Acceptat	ile)
Suite	_		<u> </u>	NW 23rd Avenue	
Gaines	sville,Fl 32609		83	- 1	
			Suit 84 City	.e 4	les I 7n Codo
.				esville	FL 85 Zip Code 32609
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statu	ites, the above-named cor	rporation submits this statement for the pur	pose of changing its registered office.
j or registe familiar wi	red agent, or both, in the State of Florida ith, and accept the obligations of, Sectio	 Such change was author n 607.0505. Florida Statute 	rized by the corporation's t es.	poard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	1. 1 181. II .		•	4/27	2/96
	Signature, typed or printed name of registered agent an	nd title if plicable. (f	NOTE: Registered Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	Vina Boyonly A	□X DELETE	1.1 TITLE	President, Directo	Change 🔲 Addition
NAME	King, Beverly A. 1135 NW 23rd Ave	. #4	1.2 NAME	President, Director William H. King	9
STREET ADDRESS	Gainesville, Fl 3			711 NW 23rd Ave.,	
CITY - ST - ZIP	Gainesville, Fi 3	2009	1.4 CITY-ST-ZIP	Gainesville, Fl 326	609
TITLE		☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS	İ		2 3 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		DELETE:	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		DELETE:	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS	4	
CITY - ST - ZIP			4.4 CITY-ST-ZIP	10000179	ag <u>s 4</u> 1
TITLE		DELETE	5.1 TITLE	-04/29/96 -010	145-031 _{Change Addition}
NAME			5.2 NAME	***200.00	· · -
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SF-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change _ Addhion

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statufes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)