

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041707 (7)

1. Corporation Name

SHORT STOP OF SARASOTA, INC.



Principal Place of Business

2940 S TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

2940 S TAMiami TRAIL
SARASOTA FL 34239

2. Principal Place of Business

2a. Mailing Address

21 521 S. ORANGE AVE

26 521 SOUTH ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA FL.

28 SARASOTA, FL.

Zip

Country

Zip

Country

24 34236

25 SARASOTA

29 34236

30 SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

INITIAL

4. FET Number

59-3318006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

ULRICH, RICHARD A
2940 S TAMiami TRAIL
SARASOTA FL 34239

81 Name

LEO SANTACROCE

82 Street Address (P.O. Box Number is Not Acceptable)

521 SOUTH ORANGE AVE

83

84 City

SARASOTA,

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

LEO SANTACROCE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when changing)

Leo Santacrocce - PRESIDENT

3-19-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SANTACROCE, LEO
CITY-ST-ZIP 521 SOUTH ORANGE AVENUE
SARASOTA FL 34236

TITLE ☐ DELETE

NAME D
STREET ADDRESS SANTACROCE, FRANCINE
CITY-ST-ZIP 521 SOUTH ORANGE AVENUE
SARASOTA FL 34236

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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 Statutes. 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.

SIGNATURE:

LEO SANTACROCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo Santacrocce - PRESIDENT

3-19-96

941-935-6887

DATE

Daytime Phone #

CR2E034 (12/95)