

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1998-1999 AR

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



FILED  
MARCH 22 PM 2:20  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070322

1. Corporation Name  
Washington Street Financial Corp

Principal Place of Business: 1011 N. Wymore Rd, Suite 205B, Winter Park, FL 32789  
Mailing Address: PO Box 618032, Orlando, FL 32861-8032

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida: September 12, 1995  
5. FEI Number: 59-3335499  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST, D	ROBERT W Gillespie	167 LINDA LANE	LAKE MARY, FL 32746
D	JAC E KLAMPER	720 DENSMORE DR	WINTER PARK, FL 32792

300002823049--B  
-03/30/99--01028--005  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent  
9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent: ROBERT Gillespie, 1660 LEE ROAD, WINTER PARK, FL 32789

9. Name and Address of New Registered Agent: Name: ROBERT W Gillespie, Street Address: 167 LINDA LANE, Suite, Apt. #, Etc., City: LAKE MARY, State: FL, Zip Code: 32746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: [Signature] Date: 3/9/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] - ROBERT Gillespie Date: 3/9/1999 Daytime Phone #: 644-0740

CR2040 (1/98)