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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011126 (5)

1. Corporation Name

FLORIDA BUSINESS VENTURES, INC.

Principal Place of Business

4182 SHADY OAK CT
SARASOTA FL 34233

Mailing Address

4182 SHADY OAK CT
SARASOTA FL 34233-2503



3. Date Incorporated or Qualified
02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 4141 S. TAMMAM TRAIL

2a. Mailing Address

26 4182 SHADY OAKS COURT

4. FEI Number

59-3362539

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 SUITE C

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34231

25 SARASOTA

29 34233

30 SARASOTA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDDEN, W. GLENN
1638 EAGLES WATCH WAY
TALLAHASSEE FL 32312

81 Name

W. GLENN REDDEN

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

4182 SHADY OAKS COURT

83

84 City

SARASOTA

FL

85 Zip Code

34233

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

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

(NOTE: Registered Agent signature required when reinstating.)

1/3/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE PRESIDENT / SECRETARY / TREAS ☐ Change ☐ Addition
1.2 NAME W. GLENN REDDEN
1.3 STREET ADDRESS 4182 SHADY OAKS COURT
1.4 CITY - ST - ZIP SARASOTA, FL 34233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition
2.2 NAME TERESA M. REDDEN
2.3 STREET ADDRESS 4182 SHADY OAKS COURT
2.4 CITY - ST - ZIP SARASOTA, FL 34233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature typed or printed name of signing officer or director

1/3/97

DATE

941-349-2770

Daytime Phone #

0425572

CR2E034 (9/96)