## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000043405 (5)

SHERWOOD FINANCIAL GROUP, INC.						# <b>Pres</b> (#1) <b>Jul</b> i <b>J</b> eles	
Principal Place of Business  9700 KOGER BLVD SUITE 205 ST PETERSBURG FL 33702		Mailing Address 9700 KOGER BLVD SUITE 206 ST PETERSBURG FL 33702-2436			1 <b>4120</b> 0 1411 BYDN <b>34</b> 201	<b>3</b> 781 3071	
OT TETERISOON	OTE SOUR				3. Date Incorporated or Qualified 3 05/15/1996	3a. Date of Last Re	eport
2, Principa: P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3380383	<del></del>	plied For t Applicable
Suite, Apt. #, etc. 22		Suito, Apt #, etc.		5. Certificate of Status Desired	Fee He	quired	
City & State 23		City & State			8. Election Campaign Financing Trust Fund Contribution		o Fees
Ζφ 24	Country 25	Zip 30	Country	·····		es 🔲 No	199.032,
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Regist	tered Agent	
	TE, J. SHERWOOD		'   '	narne			
9700 KOGER BLVD				Street Add	dress (P.O. Box Number is Not Acceptable)		
<b>+</b>	E 205		83				
Į ST P	PETERSBURG FL 33702		63				
			84 (	City		FL 85 Zip C	Code
11 Ourseant	to the assurations of Society 607 0502	and 607 1509 Florida Statutos	the chove n	amad aa	rooration submits this statement for the ours	FL	ranistorod
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 register 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.							registered
agerit La	im familiar with, and accept the obligati	ons of, Section 607,0505, Floric	la Statutes.				
SIGNATURE		ANTE D			uired when reinstating)	DATE	
12.				signatura req	ADDITIONS/CHANGES TO OFFICER		S IN 12
DIFLE	DP DELETE		13.	TV	lice pres.	Change	Addition
NAME	WHITE, J. SHERWOOD	<b>_</b>	4		JOSEPH S. WHITE, JR.		
SIREFT ADORESS	AND ACTUAL AND AND		1.3 STREET ADDRESS 2		22/ 94 AVE N.		
CHY-ST-ZIP	ST PETERSBURG FL 33704				PETEROBURG, FL 33701		
Tritt		DELETE	2.1 TITLE		SECRETARY	Change	Addition
NAME	<del></del>		2.2 NAME		ANNA LEE STUDER		***
STREET ADDRESS			23 STREET ADDRESS		2453 794 AVE. N.		1
CITY S1-7-P			2.4 CITY-ST-ZIP		SEMINOLE FL 33777		
HILE		DELETE	3.1 TITLE	-		☐ Change	Addition
NAME			3.2 NAME				Ĭ
STREET ADDRESS	<u> </u>		3.3 STREET ADDRESS				1
CITY - ST - ZIP			3.4. CITY-ST-ZIP				Ì
Tille	DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME	[			ļ
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST ZIP			4.4 CITY-ST-	ZIP			
THUE		DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME	- 1			
STREET ADDRESS		i	5.3 STREET AD	ORESS			
CITY ST-ZP			5.4 CITY-ST-2	ZIP			
TITLE		DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME	}			1
STREET ADORESS			6.3 STREET AD	ORESS			
CHY-ST-ZIP			6.4 City-St-	ZIP		. <del></del>	

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

**FILED** 

Apr 25 1997 8:00am

Secretary of State