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FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRitham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101135 (7)

1. Corporation Name

FLORIDA SHAVINGS CORPORATION

Principal Place of Business

Mailing Address

3101-B SW 3RD ST
OCALA FL 34474
US

PO BOX 6482
OCALA FL 34478
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

59-3415198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERSON, TIMOTHY E
825 S.E. 11TH AVENUE
OCALA FL 34471

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME ROBERSON, TIMOTHY E
STREET ADDRESS 825 S.E. 11TH AVENUE
CITY-ST-ZIP Ocala FL 34471

1.2 NAME ☐ DELETE

NAME SD
STREET ADDRESS WALKER, JOHN
CITY-ST-ZIP 3421 SE 28 CT
OCALA FL

1.3 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
1.3 STREET ADDRESS ROBERSON
1.4 CITY-ST-ZIP 825 S.E. 11TH AVENUE 2301 SE 20 CIR
OCALA, FL 34478 34471

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

1-24-98

752-733-4770

CR2E034 (10/97)