

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

FILED

Feb 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000000378 (4)  
1. Corporation Name

K B FINANCIAL SERVICES OF SARASOTA, INC.

Principal Place of Business

Mailing Address

1858 RINGLING BLVD  
SARASOTA FL 34236

46 N WASHINGTON BLVD  
#1  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0721163

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 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 1858 RINGLING BLVD

22 City & State

27 City & State

23 Zip

Country

28 SARASOTA, FL

24 34236

25 US

29 34236

30 US

9. Name and Address of Current Registered Agent

PATTERSON, JOHN  
46 N WASHINGTON BLVD  
#1  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

RICHARD MAGALDI

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

1858 RINGLING BLVD

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/4/98

12. OFFICERS AND DIRECTORS

TITLE D XX DELETE  
NAME PATTERSON, JOHN  
STREET ADDRESS 46 N WASHINGTON BLVD, #1  
CITY-ST-ZIP 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change XX Addition  
1.2 NAME MAGALDI, RICHARD J.  
1.3 STREET ADDRESS 1858 RINGLING BOULEVARD  
1.4 CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE T/D ☐ Change XX Addition  
2.2 NAME CLARKE, ROBERT P.  
2.3 STREET ADDRESS 1858 RINGLING BOULEVARD  
2.4 CITY-ST-ZIP SARASOTA FL 34236

3.1 TITLE S/D ☐ Change XX Addition  
3.2 NAME MILES, WILLIAM G.  
3.3 STREET ADDRESS 1858 RINGLING BOULEVARD  
3.4 CITY-ST-ZIP SARASOTA FL 34236

4.1 TITLE VP/D ☐ Change XX Addition  
4.2 NAME BARBERIO, ALLAN J.  
4.3 STREET ADDRESS 1858 RINGLING BOULEVARD  
4.4 CITY-ST-ZIP SARASOTA FL 34236

5.1 TITLE VP/D ☐ Change XX Addition  
5.2 NAME GOBLE RICHARD E.  
5.3 STREET ADDRESS 1858 RINGLING BOULEVARD  
5.4 CITY-ST-ZIP SARASOTA FL 34236

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: *[Signature]*

(941) 365-4617

CR2E034 (10/97)