

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

FILED
Jan 16 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 # P97000013461 (3)

1. Corporation Name

OSTRENGA FINANCIAL SERVICES, INC.

Principal Place of Business

3203 EAST HIGHWAY 98
PANAMA CITY FL 32401

Mailing Address

3203 EAST HIGHWAY 98
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

59-3426004

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

21 1809 BANVIEW AVENUE

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY, FL

Zip

Country

24 32405-1518

25 U.S.

2a. Mailing Address

26 P.O. BOX 4701

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY, FL

Zip

Country

29 32401-8701

30 U.S.

9. Name and Address of Current Registered Agent

OSTRENGA, BERNARD A II
3203 EAST HIGHWAY 98
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name TIMOTHY OSTRENGA
82 Street Address (P.O. Box Number is Not Acceptable)
929 LEE COURT
83
84 City CALLAWAY FL 85 Zip Code 32404

11. Pursuant to the provisions of Sections 607.0509 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 in Block 12, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME OSTRENGA, BERNARD A II
STREET ADDRESS 3203 EAST HIGHWAY 98
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☐ DELETE

NAME OSTRENGA, TIMOTHY
STREET ADDRESS 3203 EAST HIGHWAY 98
CITY-ST-ZIP PANAMA CITY FL 32401

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 PD ☒ Change ☐ Addition

1.2 NAME TIMOTHY OSTRENGA
1.3 STREET ADDRESS 929 LEE COURT
1.4 CITY-ST-ZIP CALLAWAY, FL 32404

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME BERNARD A. OSTRENGA II
2.3 STREET ADDRESS 929 LEE COURT
2.4 CITY-ST-ZIP CALLAWAY, FL 32404

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:

[Signature]

1-6-98

(850) 872-6908

CR2E034 (10/97)