

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S62293 (3)

1. Corporation Name

LEE F. SPRIMONT FINANCIAL PLANNING, INCORPORATED



Principal Place of Business

12621 CLOCKTOWER PKWY
BAYONET POINT FL 34667
US

Mailing Address

12621 CLOCKTOWER PKWY
HUDSON FL 34667
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3070038

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

9. Name and Address of Current Registered Agent

SPRIMONT, LEE F.
8229 STATE ROAD 52
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

LEE F. SPRIMONT

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

12621 CLOCKTOWER PARKWAY

83

84 City

BAYONET POINT

FL

85 Zip Code

34667

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

Lee F. Sprimont

(NOTE: Registered Agent Signature Required when Re-registering)

April 30, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

SPRIMONT, LEE F.
6535 DRIFTWOOD DR
HUDSON FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

☐ Change ☒ Addition

1.2 NAME

CONSTANCE M. MARTILIK

1.3 STREET ADDRESS

12621 CLOCKTOWER PARKWAY

1.4 CITY - ST - ZIP

BAYONET POINT, FL. 34667

2.1 TITLE

DIRECTOR

☒ Change ☐ Addition

2.2 NAME

LEE F. SPRIMONT

2.3 STREET ADDRESS

12621 CLOCKTOWER PARKWAY

2.4 CITY - ST - ZIP

BAYONET POINT, FL. 34667

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

Lee F. Sprimont

LEE F. SPRIMONT

4-30-96

813-862-3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)