

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V02569

(4)

1. Corporation Name

VENICE PINES CORP.

Principal Place of Business

**17755 U.S. 19 NORTH
SUITE 190
CLEARWATER FL 34624
US**

Mailing Address

**C/O J. BOB HUMPHRIES, ESQUIRE
501 E. KENNEDY BLVD FL 1700
TAMPA FL 33602-4888
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1991

3a. Date of Last Report
05/02/1994

4. FEI Number
59-3103234

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**

6. This corporation has capacity for interstate tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, J. BOB
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602**

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 fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**\$
WOHLWEND, BETH
17755 U.S. 19 NORTH, STE 150
CLEARWATER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
**300001472719
-05/03/95--01039--011
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**XXXXXXXXXXXXXXXXXXXXXXX
SMITH, OWEN A
XXXXXXXXXXXXXXXXXXXXXXX
17755 U.S. 19 NORTH, STE 150
CLEARWATER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**AS
HUMPHRIES, J. BOB
501 E. KENNEDY, #1700
TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
RADTKE, H.H.
1401 BERLIN RD.
CHERRY HILL NJ**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 110.07(3)(b), 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 prosecute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not, or on an attachment with an address.

SIGNATURE:

J. Bob Humphries, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(813) 222-1173

Date

Telephone Number