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1996 JUN -7 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V38264

(0)

1. Corporation Name

SEMBLER CENTERS, INC.

Principal Place of Business

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Mailing Address

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified  
05/22/1992

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

59-3127287

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

SHER, CRAIG H.  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 date of signature)

(The officer/Registered Agent signature requires, when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
SEMBLER, MELVIN F.  
STREET ADDRESS  
5858 CENTRAL AVENUE  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SEMBLER, BRENT W.  
STREET ADDRESS  
5858 CENTRAL AVENUE  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SEMBLER, GREGORY S.  
STREET ADDRESS  
5858 CENTRAL AVENUE  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SHER, CRAIG H.  
STREET ADDRESS  
5858 CENTRAL AVENUE  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SHEEHAN, DENNIS M.  
STREET ADDRESS  
5858 CENTRAL AVENUE  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

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

700001856157

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\*\*\*\*233.75 \*\*\*\*233.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 (813)384-6000

CR2E034 (12/95)