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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V46223** (6)
1. Corporation Name
COMMUNITY INVESTMENT CORPORATION

Principal Place of Business
**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address
**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707-1728**



2. Principal Place of Business
21 **11300 4th Street North**
Suite, Apt. #, etc.
22 **Suite 200**
City & State
23 **St. Petersburg FL**
Zip Country
24 **33716** 25 **Pinellas**

2a. Mailing Address
26 **11300 4th Street North**
Suite, Apt. #, etc.
27 **Suite 200**
City & State
28 **St. Petersburg FL**
Zip Country
29 **33716** 30 **Pinellas**

3. Date Incorporated or Qualified
06/23/1992
3a. Date of Last Report
08/05/1996
4. FEI Number
593131033
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

SEMBLER, M. STEVEN
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
M. Steven Sembler
82 Street Address (P.O. Box Number is Not Acceptable)
11300 4th Street North
83
Suite 200
84 City
St. Petersburg FL 85 Zip Code
33716

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 *M. Steven Sembler*
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	5858 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT B.	
STREET ADDRESS	5858 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sembler, M. Steven	
1.3 STREET ADDRESS	11300 4th Street North, Ste 200	
1.4 CITY-ST-ZIP	St. Petersburg FL 33716	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Young, Robert B.	
2.3 STREET ADDRESS	11300 4th Street North, Ste 200	
2.4 CITY-ST-ZIP	St. Petersburg FL 33716	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *M. Steven Sembler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

8/3/96-5522

CR2E034 (9/96)