

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64872**

(7)

1. Corporation Name

ST. PETERSBURG GROUP, INC.

Principal Place of Business

**1627 CENTRAL AVE.
ST. PETERSBURG FL 33713**

Mailing Address

**1627 CENTRAL AVE.
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1992

3a. Date of Last Report

10/07/1994

4. FET Number

59-3143370

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 taxes under S. 199.032,
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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 of Registered Agent or Registered Agent's authorized representative)

(Signature of Registered Agent or Registered Agent's authorized representative)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP

**DP
JOEKEL, KEN
1627 CENTRAL AVE.
ST. PETERSBURG FL**

13.1
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.2
NAME
STREET ADDRESS
CITY, ST, ZIP

**ST
JOEKEL, KEN
1627 CENTRAL AVE.
ST. PETERSBURG FL**

13.2
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

13.3
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

13.4
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

13.5
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13.6
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(4)(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 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

Ken Joekel **Ken Joekel**

5-1-95

869-9884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number