# 2024 Form 1 - Statement of Financial Interests

**Filed with COE: 12/02/2025**

## General Information

Name: John Messmore

**PID 319287**

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|---|---|---|
| North Redington Beach | Mayor And Town Commission | Commissioner Seat 1 |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|---|---|---|
| sweet sage cafe | 16725 gulf blvd north Redington Beach FL 33708 | food service |

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## Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|---|---|---|---|
| sweet sage cafe llc | guests | 16725 gulf blvd north<br>Redington Beach FL 33708 | food service |

## Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Location/Description |
|---|
| bay pines building |
| Seminole lots |

## Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

| Type of Intangible | Business Entity to Which the Property Relates |
|---|---|
| N/A | |

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## Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

| Name of Creditor | Address of Creditor |
|---|---|
| N/A | |

## Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

| Business Entity # 1 | |
|---|---|
| **Name of Business Entity** | sweet sage cafe llc |
| **Address of Business Entity** | 16725 gulf blvd north Redington Beach FL 33708 |
| **Principal Business Activity** | food service |
| **Postion Held with Entity** | owner |
| **I own more than a 5% Interest in the Business** | Yes |
| **Nature of my Ownership Interest** | owner |

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## Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

## Signature of Filer

***John Messmore***

Digitally signed: **12/02/2025**

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