

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **151575** (8)
1. Corporation Name
LONGWOOD ENTERPRISES INC

Principal Place of Business 102 SUNSET LANE SHALIMAR FL 32579	Mailing Address PO BOX 343 SHALIMAR FL 32579-0343
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1947	3a. Date of Last Report 07/29/1996
21		26		4. FEI Number 59-6074995	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
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			
NABORS, JAMES E 17 LONGWOOD DR SHALIMAR FL 32579				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	NABORS, JAMES E.			1.2 NAME			
STREET ADDRESS	17 LONGWOOD DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	GILBERT, CONNIE			2.2 NAME			
STREET ADDRESS	29 LONGWOOD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			2.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	DARNELL, SHARILYN			3.2 NAME			
STREET ADDRESS	1 LONGWOOD DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

CR2E034 (9/96)