

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 22 1996 8:00 am  
Secretary of State

DOCUMENT # **H54571 (5)**

1. Corporation Name  
**SUPERIOR UNLIMITED ENTERPRISES, INC.**



Principal Place of Business: **160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880**  
Mailing Address: **160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **04/22/1985**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-2673164**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

**9. Name and Address of Current Registered Agent**

**BLANKENSHIP, RANDALL G.  
170 EAST CENTRAL AVENUE  
WINTER HAVEN FL 33880**

**10. Name and Address of New Registered Agent**

81 Name: **Stephen F. Baker**  
82 Street Address (P.O. Box Number is Not Acceptable): **565 Avenue K S.E.**  
83 City: **Winter Haven**  
84 State: **FL**  
85 Zip: **33880**

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: *Stephen F. Baker* **Stephen F. Baker, Registered Agent** **March 8, 1996**  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when resigning)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN, GERALDINE</b>	
STREET ADDRESS	<b>1441 W. LAKE CANNON DR.</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN, DONNIE H.</b>	
STREET ADDRESS	<b>1441 W. LAKE CANNON DR</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
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	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bowman, Mark</b>	
3.3 STREET ADDRESS	<b>1441 W. Lake Cannon Drive</b>	
3.4 CITY - ST - ZIP	<b>Winter Haven, Fl. 33881</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Donnie H. Bowman* **3-15-96 9412941683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Extension: Filing #

CR2E034 (12/95)