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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Morlham
Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # H54571

(5)

SUPERIOR UNLIMITED ENTERPRISES, INC.

Mailing Address

FILED Mar 22 1996 8:00 am Secretary of State



WINTER HAVE	ake road En Fl 33880	160 SPIRIT LAKE ROA WINTER HAVEN FL 33			3. Date Incorporated or Qualified	3a. Date of Las	st Report
					04/22/1985	01/23/	
2. Principal Pla	ce of Business	2a. Mailing Address	····		4. FEI Number	T	Applied For
21		26			59-2673164		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State	- 10 B B B B B B B B B B B B B B B B B B		Election Campaign Financing Trust Fund Contribution	A	5.00 May Be dded to Fees
Zip	Country 25	Zip 29	Country 30	у		; □No	
	9. Name and Address of Curren	l Registered Agent		.,	10. Name and Address of New F	Registered Agent	
			81	Name Stepl	hen F. Baker	,	
Blankenship, randall G. 170 East Central Avenue				565	ss (P.O. Box Number is Not Acceptable) Avenue K. S.E.		
WINTER	HAVEN FL 33880		83	3			
			84	Winter	r Haven	FL 85	33880
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authori on 607.0505, Florida Statute:	zed by the corps. s.	named corpora poration's board	ation submits this statement for the pu d of directors. I hereby accept the app	iointinent as registe	erec agent. I am
SIGNATURE 🔀	Signature, typed or printed name of registered agent	Stephen F.	Baker,	Registe	ered Agent	March 8,	1996
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1. 1 TITLE	PD'	$^{\mathrm{T}}$	XX Char	nge 🔲 Addition
NAME	BOWMAN, GERALDINE		1.2 NAME				
STREET ADDRESS	1441 W. LAKE CANNON DR.		13 STREE	ET ADDRESS			
CITY - SI - ZIP	WINTER HAVEN FL		14 CITY -				one F1 Addition
TITLE	V	☐ DELETE	2 1 THILE			Char	nge 📋 Addition
NAME	Bowman, Donnie H.						
			2 2 NAME				
STREET ADDRESS	1441 W. LAKE CANNON DR		2 3 STREE	ET ADDRESS			
CITY - S1 - ZIP		The printer	23 STREE 24 CITY	ET ADDRESS ST-ZIP		□ Cha-	nge Additing
CITY-S1-7IP TITLE	1441 W. LAKE CANNON DR	☐ DELETE	23 STREE 24 CITY 3 1 TILE	ET ADDRESS SI-ZIP S	Mosele	☐ Cha	nge 🛣 Addition
CITY-S1-ZIP TITLE NAME	1441 W. LAKE CANNON DR	☐ DETE1E	2 3 STREE 2 4 CITY - 3 1 TILLE 3.2 NAME	SI-ZIP S BOY	wman, Mark	_	nge 🛣 Addition
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14. I do horeby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(b)(k), include statistics in the 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 trusted 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-26 9412941683