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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J19690** **(3)**

1. Corporation Name

**CHRISSY'S ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8441 SW. STATE RD 200<br>#113<br>OCALA FL 34481<br>US | 7 HEMLOCK TERR. LANE<br>OCALA FL 34472-9533<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1986
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 8441 SW State Rd 240 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 113 |
| City & State 23 | City & State 28 Ocala, Florida |
| Zip 24 / Country 25 | Zip 29 34481 / Country 30 USA |

4. FEI Number: 59-2716575 ☐ 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 tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LARSON, CHRISTINE MARY<br>7 HEMLOCK TERRACE LANE<br>OCALA FL 34472 | 81 Name: Larson, Christine Mary<br>82 Street Address (P.O. Box Number is Not Acceptable): 8441 SW State Rd 200<br>83: Suite 113<br>84 City: Ocala FL 85 Zip Code: 34481 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PT | 11 TITLE | ☑ Change ☐ Addition |
| NAME | LARSON, CHRISTINE MARY | 12 NAME | |
| STREET ADDRESS | 7 HEMLOCK TERRACE LANE | 13 STREET ADDRESS | 8441 SW State Rd 200 #113 |
| CITY-ST-ZIP | OCALA FL 34472 | 14 CITY-ST-ZIP | Ocala Fl. 34481 |
| TITLE | VPS | 21 TITLE | ☑ Change ☐ Addition |
| NAME | LARSON, DONALD JAMES | 22 NAME | |
| STREET ADDRESS | 7 HEMLOCK TERRACE LANE | 23 STREET ADDRESS | 8441 SW State Rd 200 #113 |
| CITY-ST-ZIP | OCALA FL 34472 | 24 CITY-ST-ZIP | Ocala, Fl. 34481 |
| TITLE | PT | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LARSON, CHRISTINE MARY | 32 NAME | |
| STREET ADDRESS | 7 HEMLOCK TERRACE LANE | 33 STREET ADDRESS | 8441 SW State Rd 200 #113 |
| CITY-ST-ZIP | OCALA FL 34472 | 34 CITY-ST-ZIP | Ocala Fl. 34481 |
| TITLE | VS | 41 TITLE | ☐ Change ☐ Addition |
| NAME | LARSON, DONALD JAMES | 42 NAME | |
| STREET ADDRESS | 7 HEMLOCK TERRACE LANE | 43 STREET ADDRESS | 8441 SW State Rd 200 #113 |
| CITY-ST-ZIP | OCALA FL 34472 | 44 CITY-ST-ZIP | Ocala, Fl. 34481 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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.

**SIGNATURE:** Christine Mary Larson 4-19-95 (904) 854-7770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Christine Mary Larson

0467810 PP