FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CHRISSY'S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8441 SW. STATE RD 200 #113 OCALA FL 34481 US	8441 SE STATE RD 200 113 OCALA FL 34481 US

3. Date Incorporated or Qualified: 06/16/1986
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business
21 16970 S.E. 61st Place
22 Suite, Apt. #, etc
23 City & State: Ocklawaha, FL.
24 Zip: 32179-3214
25 Country: USA

2a. Mailing Address
26 16970 S.E. 61st Place
27 Suite, Apt. #, etc
28 City & State: Ocklawaha, FL.
29 Zip: 32179-3214
30 Country: 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

LARSON, CHRISTINE MARY
8441 SW STATE RD 200
SUITE 113
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 16970 S.E. 61st Place
83
84 City: Ocklawaha FL 85 Zip Code: 32179

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 filed alone

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	11 TITLE	PT	☑ Change ☐ Addition
NAME	LARSON, CHRISTINE MARY		12 NAME	Larson, Christine Mary	of address
STREET ADDRESS	8441 SW STATE RD 200		13 STREET ADDRESS	16970 S.E. 61st Place	
CITY-ST-ZIP	OCALA FL		14 CITY-ST-ZIP	Ocklawaha, FL	
TITLE	VPS	☐ DELETE	21 TITLE	VPS	☑ Change ☐ Addition
NAME	LARSON, DONALD JAMES		22 NAME	Larson, Donald James	
STREET ADDRESS	8441 SW STATE RD 200		23 STREET ADDRESS	16970 S.E. 61st Place	
CITY-ST-ZIP	OCALA FL		24 CITY-ST-ZIP	Ocklawaha, FL.	
TITLE	PT	☐ DELETE	31 TITLE	PT	☑ Change ☐ Addition
NAME	LARSON, CHRISTINE MARY		32 NAME	Larson, Christine Mary	
STREET ADDRESS	8441 SW STATE RD 200		33 STREET ADDRESS	16970 S.E. 61st Place	
CITY-ST-ZIP	OACAL FL		34 CITY-ST-ZIP	Ocklawaha, FL.	
TITLE	VS	☐ DELETE	41 TITLE	VS	☑ Change ☐ Addition
NAME	LARSON, DONALD JAMES		42 NAME	Larson, Donald James	
STREET ADDRESS	8441 SW STATE RD 200		43 STREET ADDRESS	16970 S.E. 61st Place	
CITY-ST-ZIP	OCALA FL		44 CITY-ST-ZIP	Ocklawaha, FL.	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 Christine Mary Larson 1-18-96 (352) 625-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christine Mary Larson