

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 # **K68144** (0)

1. Corporation Name

JULIET INDUSTRIES, INC.



Principal Place of Business

Mailing Address

**6224 N NINTH AVENUE
8084 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504
US**

**6224 N NINTH AVENUE
8084 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504
US**

3. Date Incorporated or Qualified
02/20/1989

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **6224 N. Ninth Ave**

26 **6224 N. Ninth Ave**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Pensacola, FL

28 City & State
Pensacola, FL

24 Zip **32504** Country **USA**

29 Zip **32504** Country **USA**

4. FEI Number

59-2939502

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

**BARE, DOROTHY
5300 STILES LANE
PACE FL 32571**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and officer, if applicable

(NOTE: Registered Agent's signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D RIGGS, RITA**
STREET ADDRESS **3310 NEW HOPE ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **BARE, DOROTHY**
STREET ADDRESS **5300 STILES LANE**
CITY-ST-ZIP **PACE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Dorothy J. Bare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96
Date

904-479-7800
Daytime Phone #

CR2E034 (12/95)