

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V59604** (1)
1. Corporation Name
2010 ENTERPRISES, INC.

Principal Place of Business 2992 PENN AVE MARIANNA FL 32446		Mailing Address 2992 PENN AVE MARIANNA FL 32446-2714		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 08/20/1992</div> <div>3a. Date of Last Report 03/19/1996</div> </div>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3142725	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BONDURANT, FRANK E. 4450 LAFAYETTE ST MARIANNA FL 32446			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	ERBACHER, DANA C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2992 PENN AVE	1.2 NAME			
CITY - ST - ZIP	MARIANNA FL	1.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP			
NAME	ERBACHER, BONNIE R.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2992 PENN AVE	2.2 NAME			
CITY - ST - ZIP	MARIANNA FL	2.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP			
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		3.2 NAME			
CITY - ST - ZIP		3.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP			
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		4.2 NAME			
CITY - ST - ZIP		4.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP			
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		5.2 NAME			
CITY - ST - ZIP		5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY - ST - ZIP		6.3 STREET ADDRESS			
		6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing 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: Bonnie R. Erbacher		4-1897 904-482-8280			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			