

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90014 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 320979

1. Corporation Name

FOLSOM OF FLORIDA, INC

Principal Place of Business 1851 GUNN HIGHWAY ODESSA, FL. 33550	Mailing Address 43 MCKEE DRIVE MAHWAH, N.J. 07430
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1967

4. FEI Number 59-1196652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, DAVE
8613 MILES RD
ODESSA FL 33556

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FELDSOTT, LOUIS 71 STONELEIGH RD. SCARSDALE, N.Y.	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FELDSOTT, EDWARD 51 BRIDLE PATH LANE MAHWAH, N.J.	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVIS, DAVE 8613 MILES ROAD ODESSA, FL	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/99

2015293550

CR2E034 (11/98)

571651-90014-5
320979

5/25/99 CORPORATE DETAIL RECORD SCREEN 2:36 PM
NUM: 320979 ST:FL ACTIVE/FL PROFIT FLD: 09/08/1967
FEI#: 59-1196652
NAME : FOLSOM OF FLORIDA, INC.
PRINCIPAL: 7501 INTERBAY BLVD. CHANGED: 02/21/94
ADDRESS TAMPA, FL 33616 US
MAILING : 43 MCKEE DR.
ADDRESS MAHWAH, N. J., 07430
RA NAME : DAVIS, DAVE
RA ADDR : 8613 MILES RD ADDR CHG: 02/21/94
ODESSA, FL 33556 US
ANN REP : (1996) A 04/10/96 (1997) B 01/28/97 (1998) B 02/26/98

5/25/99 OFFICER/DIRECTOR DETAIL SCREEN 2:38 PM
CORP NUMBER: 320979 CORP NAME: FOLSOM OF FLORIDA, INC.
TITLE: PD NAME: FELDSOTT, LOUIS
71 STONELEIGH RD.
SCARSDALE, NY
TITLE: ST NAME: FELDSOTT, EDWARD.
51 BRIDLE PATH LANE.
MAHWAH, NJ.,
TITLE: VD NAME: DAVIS, DAVE.
8613 MILES ROAD
ODESSA, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----