

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

APPROVED  
AND  
FILED

7/9/10

00 JUN 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 320979</b> 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	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 09/08/1967		4. FEI Number 59-1196652	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent  DAVIS, DAVE 8613 MILES RD ODESSA FL 33556		10. Name and Address of New Registered Agent 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FELDSOTT, LOUIS 71 STONELEIGH RD. SCARSDALE, N.Y. 10583 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003328669 -07/19/00--01115--022 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FELDSOTT, EDWARD 51 BRIDLE PATH LANE MAHWAH, N.J. <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST EDWARD FELDSOTT 67 HEIGHTS ROAD RIDGEWOOD, NJ 07450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVIS, DAVE 8613 MILES ROAD ODESSA, FL 33556 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2015293550  
Daytime Phone #



1851 Gunn Hwy. • Odessa, FL 33556 • Phone 813/926-3582  
Post Office Box 958 • Odessa, FL 33556-0958 • Fax 813/926-3587

*Pg. 2 of 2*

June 20, 2000

Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314  
Attn. : Annual Report Filing  
Re : Folsom of Florida, Inc. , Tax ID # 59-1196652

Gentlemen,

The enclosed Annual Report for 2000 is being filed now due to the fact that the January 2000 mailing was not received by us.

We have just now realized that we never filed it and are doing so now. We are also sending a check in the amount of \$150.00 for the required fee, and respectfully request that the penalty be waived.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Louis Feldsott", written over a horizontal line.

**LOUIS FELDSOTT**  
**PRESIDENT**