

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 516951

(1)

1. Corporation Name

CONNIE'S ENTERPRISE, INC.

Principal Place of Business

**609 TALLEYRAND AVE.
JACKSONVILLE FL 32202**

Mailing Address

**609 TALLEYRAND AVE.
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1976

3a. Date of Last Report

01/19/1994

4. FEI Number

59-1695894

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CARTER, CONNIE E.
1006 PARK FOREST LANE
JACKSONVILLE FL 32211**

10. Name and Address of Now Registered Agent

81 Name

Clifford E. Carter

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

609 Talleyrand Ave.

83

84 City

Jacksonville

FL

85 Zip Code

32202

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

Clifford E. Carter

(NOTE: Registered Agent signature required when reappointing)

DATE

3-20-95

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CLIFFORD E. CARTER

STREET ADDRESS

609 TALLEYRAND AVENUE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VD

NAME

RICHARD H. CARTER

STREET ADDRESS

609 TALLEYRAND AVENUE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

STD

NAME

JOHN A. BLAIR

STREET ADDRESS

609 TALLEYRAND AVENUE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

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 110.07(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 my address.

SIGNATURE:

Clifford E. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-95 (904) 353-0604
DATE DAYTIME PHONE