

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

93 FEB -6 11:50

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

3. Date Incorporated or Qualified
10/21/1976

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under 199.022,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CARTER, CONNIE E.
609 TALLEYRAND AVE
JACKSONVILLE FL 32202

81. Name

Clifford E. Carter

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

609 Talleyrand Ave.

83.

Jacksonville, FL

84. City

FL

85.

Zip Code
32202

11. Pursuant to the provisions of Sections 607.0808 and 607.1208, 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 607.0805, Florida Statutes.

SIGNATURE

Clifford E. Carter

2-1-96

NOTE: Registered Agent's signature is required when changing.

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLIFFORD E. CARTER
609 TALLEYRAND AVENUE
JACKSONVILLE FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RICHARD H. CARTER
609 TALLEYRAND AVENUE
JACKSONVILLE FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JOHN A. BLAIR
609 TALLEYRAND AVENUE
JACKSONVILLE FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

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27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

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31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE ☐ Change ☐ Addition

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35. STREET ADDRESS

36. CITY-ST-ZIP

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211. STREET ADDRESS

212. CITY-ST-ZIP

213. TITLE ☐ Change ☐ Addition

214. NAME

215. STREET ADDRESS

216. CITY-ST-ZIP

217. TITLE