

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 07 1996 8:00 am
Secretary of State

DOCUMENT # 528145 (6)

1. Corporation Name
GIRL FRIDAY, INC.

Principal Place of Business
5560 BEE RIDGE RD
STE 5-6
SARASOTA FL 34276-5289
US

Mailing Address
5560 BEE RIDGE RD
STE 5-6
SARASOTA FL 34276-5289
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 P.O. Box 22289

27 Suite, Apt. #, etc.

28 City & State

28 Sarasota, FL

29 Zip

29 34276

29 Country

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3. Date Incorporated or Qualified
02/14/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1917423

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRED, STANLEY M
1515 NW. 7 ST #106
MIAMI FL 33125

81 Name
Jacocks, H. Robert

82 Street Address (P.O. Box Number is Not Acceptable)
5560 Bee Ridge Road

83 Suite D 5-6

84 City
Sarasota

85 Zip Code
FL 34233

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 office address

(b) (1) Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME JACOCKS, THYRZA ALLEN
STREET ADDRESS 1970 LANDINGS BLVD #311
CITY-ST-ZIP SARASOTA FL

TITLE PD
NAME JACOCKS, H ROBERT
STREET ADDRESS 1970 LANDINGS BLVD #311
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE PD
22 NAME JACOCKS, H. Robert
23 STREET ADDRESS 5560 Bee Ridge Road, Suite D 5-6
24 CITY-ST-ZIP SARASOTA, FL 34233

31 TITLE S
32 NAME JACOCKS, Robert A.
33 STREET ADDRESS 5560 Bee Ridge Road, Suite D 5-6
34 CITY-ST-ZIP SARASOTA, FL 34233

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day's in Prior to #

CR2E034 (12/95)