

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

DOCUMENT # 638657 (7)

1. Corporation Name

PALMERTON ENTERPRISES, INC.



Principal Place of Business

401 HWY 17 S.
~~PO BOX 42~~
EAGLE LAKE FL 33839

Mailing Address

401 HWY 17 S.
~~PO BOX 42~~
EAGLE LAKE FL 33839

3. Date Incorporated or Qualified
10/04/1979

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 26 401 Hwy 17 S

4. FEI Number
59-1955537

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

EAGLE LAKE

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33839

POLK

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

PALMERTON, KIM
455 TERRACE DR S
EAGLE LAKE FL 33839

81 Name

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

908 KEITH LA

83

84 City

AUBURNDALE

FL

85 Zip Code

33823

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

Kim Z Palmerton

(NOTE: Registered Agent Signature required when reinstating)

1-16-96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VST
PALMERTON, EDWIN
PO BOX 42, 401 HWY 175
EAGLE LAKE FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
P
PALMERTON, KIM
455 TERRACE DR. SOUTH
EAGLE LAKE FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

908 KEITH LA
AUBURNDALE FL. 33823

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition

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:

Kim Z Palmerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 941-293-2312

Date

Daytime Phone #

CR2E034 (12/95)