

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

DOCUMENT # **659178**

(8)

1. Corporation Name

SUCCESSFUL INVESTMENTS, INC.



Principal Place of Business

**2446 WEKIVA RIDGE RD.
APOPKA FL 32712-
US**

Mailing Address

**P.O. BOX 3187 -
APOPKA FL 32703
US**

**2685 E. SEMORAN
BLV. # 2**

2. Principal Place of Business

2a. Mailing Address

21 **2685 E. SEMORAN BLV.**

26 **2685 E. SEMORAN BLV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 2**

27 **# 2**

City & State

City & State

23 **APOPKA, FL.**

28 **APOPKA, FL.**

Zip

Country

Zip

Country

24 **32703**

25 **US**

29 **32703**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/13/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1993894

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

10. Name and Address of New Registered Agent

MOORE, LARRY D

**2446 WEKIVA RIDGE RD.
APOPKA FL 32712**

81 Name

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

2685 E. SEMORAN BLV. # 2

83

84 City

APOPKA

FL

85 Zip Code

32703

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

Larry Moore PRESIDENT / LARRY MOORE

3/25/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required When Renewing)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MOORE, LARRY D**
STREET ADDRESS **2446 WEKIVA RIDGE RD. 2685 E. SEMORAN**
CITY-ST-ZIP **APOPKA FL 32703 BLV. # 2**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Larry Moore / LARRY MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96
Date

407-889-4688
Daytime Phone #

CR2E034 (12/95)