

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 # **F08120** (0)
1. Corporation Name
FOLIAGE DESIGN SYSTEMS FRANCHISE COMPANY



Principal Place of Business

1553 S E FORT KING AVE
OCALA FL 32671

Mailing Address

1553 S E FORT KING AVE
OCALA FL 32671

3. Date Incorporated or Qualified
11/24/1980

3a. Date of Last Report
03/17/1995

2. Principal Place of Business
21 **4496 35TH ST.**

Suite, Apt. #, etc.

2a. Mailing Address
26 **4496 35TH ST.**

Suite, Apt. #, etc.

4. FEI Number
59-2063208

Applied For
Not Applicable

22 City & State
23 **ORLANDO, FL 32811**

Zip Country

27 City & State
28 **ORLANDO, FL 32811**

Zip Country

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

HAGOOD, JOHN S
1553 SE FT KING AVE
OCALA, FL
32671

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 or director

(NOTE: Registered Agent signature is required when resigning)

DA:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HAGOOD, JOHN S**
CITY-ST-ZIP **1553 S.E. FT. KING AVE.**
OCALA, FL 00000

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **BROOKS, W. THOMAS**
CITY-ST-ZIP **206 N THIRD ST**
LEESBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 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

3/25/96

407/245 7776

CR2E034 (12/95)