

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 # **F81167** (1)

1. Corporation Name

FOUR S ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**C/O LAWRENCE F. SCHULTZ
4137 AQUA VISTA DRIVE
PENSACOLA FL 32504**

**C/O LAWRENCE F. SCHULTZ
4137 AQUA VISTA DRIVE
PENSACOLA FL 32504**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2203611

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

**SCHULTZ, LAWRENCE F.
4137 AQUA VISTA DRIVE
PENSACOLA FL 32504**

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 and the filer

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

☒ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

SWAIN, CECIL

STREET ADDRESS

4335 BEAU TERRA LANE

CITY-ST-ZIP

PENSACOLA, FL 00000

TITLE

VPD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

SCHULTZ, LAWRENCE F

STREET ADDRESS

4137 AQUA VISTA DR

CITY-ST-ZIP

PENSACOLA, FL 00000

TITLE

PD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

SWAIN, SHIRLEY

STREET ADDRESS

4335 BEAU TERRA LANE

CITY-ST-ZIP

PENSACOLA FL

TITLE

TD

☐ DELETE

4.1 TITLE

☐ Change

☒ Addition

NAME

SCHULTZ, SHERRY L.

STREET ADDRESS

4137 AQUA VISTA DR.

CITY-ST-ZIP

PENSACOLA FL

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1-30-96

Date

904 477

Daytime Phone #

CR2E034 (12/95)