

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32504-7803

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

3. Date Incorporated or Qualified 05/13/1982 3a. Date of Last Report 02/02/1996
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

9. Name and Address of Current Registered Agent
SCHULTZ, LAWRENCE F.
4137 AQUA VISTA DRIVE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81 Name SHIRLEY SWAIN
82 Street Address (P.O. Box Number is Not Acceptable) 4335 BEAU TERRA LANE
83
84 City PENSACOLA FL 85 Zip Code 32514

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 *Shirley A. Swain* President 3-21-76
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE VPD ☐ DELETE
NAME SCHULTZ, LAWRENCE F.
STREET ADDRESS 4137 AQUA VISTA DR
CITY-ST-ZIP PENSACOLA, FL 00000
TITLE PD ☐ DELETE
NAME SWAIN, SHIRLEY
STREET ADDRESS 4335 BEAU TERRA LANE
CITY-ST-ZIP PENSACOLA FL
TITLE S ☒ DELETE
NAME SCHULTZ, SHERRY L.
STREET ADDRESS 4137 AQUA VISTA DR.
CITY-ST-ZIP PENSACOLA 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

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 PRESIDENT - TREASURER ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4335 BEAU TERRA LANE
2.4 CITY-ST-ZIP PENSACOLA, FL 32514
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE CORPORATE SECRETARY ☐ Change ☒ Addition
4.2 NAME DANIEL J. CECIL
4.3 STREET ADDRESS 4335 BEAU TERRA LANE
4.4 CITY-ST-ZIP PENSACOLA, FL 32514
5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME CECIL F. SWAIN
5.3 STREET ADDRESS 4335 BEAU TERRA LANE
5.4 CITY-ST-ZIP PENSACOLA, FL 32514
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shirley A. Swain* 3/21/76 904-434-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)