

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G17386** (5)

1. Corporation Name

UNCLE MIKE'S, INC.



Principal Place of Business

**235 SOUTH BLUE LAKE AVENUE
P.O. BOX 1684
DELAND FL 32721-8684**

Mailing Address

**235 SOUTH BLUE LAKE AVENUE
P.O. BOX 1684
DELAND FL 1684
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1982

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2230952

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

**AMATO, MICHAEL
911 N. WOODLAND BLVD
DELAND FL 32720**

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 title, if applicable

(NOTE: Registered Agent's signature required when not stated)

(DATE)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

AMATO, MICHAEL

STREET ADDRESS

235 SOUTH BLUE LAKE

CITY-ST-ZIP

DELAND FL

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

TITLE

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Michael Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96
Date

Daytime Phone #

CR2E034 (12/95)