

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 # **G25731** (2)

1. Corporation Name

STARDUST ENTERPRISES, INC.



Principal Place of Business

**4795 SR 60 WEST
MULBERRY FL 33860**

Mailing Address

**4795 SR 60 WEST
MULBERRY FL 33860**

3. Date Incorporated or Qualified
02/22/1983

3a. Date of Last Report
04/25/1995

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 Zip Country

29 Zip Country

4. FEI Number
59-2260460

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

10. Name and Address of New Registered Agent

**LEWIS, BOBBY W.
4795 SR 60 WEST
MULBERRY FL 33860**

81 Name

Linda M. Lewis

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

4795 S.R. 60 West

83

84 City

Mulberry

FL

85

Zip Code

33860

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

Linda M. Lewis

LINDA M. LEWIS

C/T

4/30/96

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** **LEWIS, BOBBY W.** ☒ DELETE
NAME
STREET ADDRESS **4795 SR 60 WEST**
CITY-ST-ZIP **MULBERRY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** **LEWIS, MICHAEL W** ☐ DELETE
NAME
STREET ADDRESS **4795 STATE RD. 60 W.**
CITY-ST-ZIP **MULBERRY FL 33860**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D/P **Michael W. Lewis** ☒ Change ☐ Addition
4795 S.R. 60 West
Mulberry, FL 33860

TITLE **S** **LEWIS, DONNA A** ☐ DELETE
NAME
STREET ADDRESS **4795 STATE RD. 60 W.**
CITY-ST-ZIP **MULBERRY FL 33860**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** **LEWIS, LINDA M** ☐ DELETE
NAME
STREET ADDRESS **4795 STATE RD. 60 W.**
CITY-ST-ZIP **MULBERRY FL 33860**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

C/T **Linda M. Lewis** ☒ Change ☐ Addition
4795 S.R. 60 West
Mulberry, FL 33860

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition
D **Lisa R. Redfearn**
4795 S.R. 60 West
Mulberry, FL 33860

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition
D **Tina M. Strickland**
4795 S.R. 60 West
Mulberry, FL 33860

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:

Linda M. Lewis

LINDA M. LEWIS

4/30/96

941-425-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)