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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G47158** (2)

1. Corporation Name

AFRICAN FORMULA PRODUCTS, INC.

Principal Place of Business

**602 N.W. 9TH AVE.
GAINESVILLE FL 32601**

Mailing Address

**P.O. BOX 21675
GAINESVILLE, FL 32604**



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

10. Name and Address of New Registered Agent

**SMITH, ADEYEMI ADEMOLA
2007 N.W. FIFTH AVE.
GAINESVILLE FL 32601**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **SMITH, ADEYEMI A**
STREET ADDRESS **903 SOUTH BOUNDARY STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VT** ☐ DELETE

NAME **SMITH, ROBERT A., JR.**
STREET ADDRESS **903 S BOUNDARY ST**
CITY-ST-ZIP **ARCHER FL**

TITLE **S** ☐ DELETE

NAME **RIVERS, CATHY**
STREET ADDRESS **7301 W UNIVERSITY S104**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ DELETE

NAME **MOORE, JOSEPH E., III**
STREET ADDRESS **903 S. BOUNDARY ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **KAYINOLA, ADDIE**
STREET ADDRESS **903 S. BOUNDARY ST.**
CITY-ST-ZIP **ARCHER FL 32681**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ademola A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96

Date

(352) 3767729

Daytime Phone

CR2E034 (12/95)