

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 # **G64542** (5)

1. Corporation Name

BAMBI SALES AND MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

1154 PINEAPPLE WAY
C/O EDNA PHILLIPS
KISSIMMEE FL 34741
US

1160 PINEAPPLE WAY
C/O EDNA PHILLIPS
KISSIMMEE FL 34741
US

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **1160 Pineapple Way**

26 **P.O. Box 420441**

4. FET Number
59-2424638

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

23 **Kissimmee FL**

28 **Kissimmee FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34741** 25 Country **US**

29 Zip **34742-441** 30 Country **US**

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

PHILLIPS, EDNA
1160 PINEAPPLE WAY
KISSIMMEE FL 34741

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

Edna Phillips P/S/T Edna Phillips

4/28/96

Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent)

(P/S/T - P/S/T Agent Signature is required when the filer is not the registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PST PHILLIPS, EDNA**
STREET ADDRESS **1160 PINEAPPLE WAY**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☒ DELETE
NAME **ST SINZ, MADELINE T.**
STREET ADDRESS **1154 PINEAPPLE WAY**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME **VP EDNA PHILLIPS**
STREET ADDRESS **1160 PINEAPPLE WAY**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME **AST PHILLIPS, EDNA**
STREET ADDRESS **1160 PINEAPPLE WAY**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Edna Phillips P/S/T

4/28/96

(407) 648-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DLN

Customer Phone #

CR2E034 (12/95)