

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:25**

**DOCUMENT # G70168 (1)**

1. Corporation Name

**STRICKLAND ENTERPRISES OF HILLSBOROUGH COUNTY, I  
NC.**

Principal Place of Business

**1405 6TH STREET SOUTHEAST  
P. O. BOX 411  
RUSKIN FL 33570**

Mailing Address

**1405 6TH STREET SOUTHEAST  
P. O. BOX 411  
RUSKIN FL 33570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/10/1983**

3a. Date of Last Report  
**04/15/1994**

4. FEI Number  
**59-2419954**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**STRICKLAND, JOYCE  
1405 6TH ST., SE PO BOX 411  
RUSKIN FL 33570**

10. Name and Address of New Registered Agent

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 signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**STRICKLAND, L.A.**

STREET ADDRESS

**1405 6TH STREET SE**

CITY - ST - ZIP

**RUSKIN FL**

TITLE

**DST**

NAME

**STRICKLAND, JOYCE**

STREET ADDRESS

**1405 6TH ST SE**

CITY - ST - ZIP

**RUSKIN, FL 00000**

TITLE

**D**

NAME

**STRICKLAND, PATRICK**

STREET ADDRESS

**1405-6TH STREET, S.E.**

CITY - ST - ZIP

**RUSKIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

☐ 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 110.07(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:**

*Joyce Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joyce Strickland**

**2-21-95**  
Date

**813-645-1821**  
Telephone Number