

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H14683 (7)

1. Corporation Name
SERIOUSLY SUITED, CORP.



Principal Place of Business

9926 OLD BAYMEADOWS RD
JACKSONVILLE FL 32256
US

Mailing Address

9926 OLD BAYMEADOWS RD
JACKSONVILLE FL 32256
US

SERIOUSLY SUITED PBA
KRISTY & CO.

2. Principal Place of Business

2a. Mailing Address

21 8233 OLD PORT CIRCLE N 26 P.O. BOX 551162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32216

25 DUVAL

29 32255-1162

30 DUVAL

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/27/1984

3a. Date of Last Report
03/31/1995

4. FEI Number
59-2431350

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

81 Name KRISTI P. TURNER

82 Street Address (P.O. Box Number is Not Acceptable)
8233 OLD PORT CIRCLE N

83

84 City JACKSONVILLE FL 85 Zip Code 32216

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 *Kristi P. Turner*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME POWELL, ROBERT T.
STREET ADDRESS 8054 PINE LAKE RD.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

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

TITLE P
NAME TURNER, KRISTI P.
STREET ADDRESS 8233 OLD PORT CIRCLE N
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME KRISTI P. TURNER
2.3 STREET ADDRESS

TITLE V
NAME POWELL, NANCY L.
STREET ADDRESS 8054 PINE LAKE RD
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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: *Kristi P. Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 904-443-6070
Date Daytime Phone #

CR2E034 (12/95)