

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
1995 JUL 11 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H24471 (5)

1. Corporation Name
CYRIL'S, INC.

Principal Place of Business

1332 US HWY 19
INGLIS FL 32649

Mailing Address

1332 US HWY 19
INGLIS FL 32649

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/08/1984

3a. Date of Last Report
05/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2455225

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGNE, CYRIL
1332 US HWY 19 NORTH
INGLIS FL 32649

(DECEASED)

81 Name DENNIS M. GAGNE

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

1420 U.S. Hwy 19

83 Inglis, FL

84 City

FL 85 Zip Code

34449

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 DENNIS M. GAGNE / President

Dennis M. Gagne

7-7-95

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GAGNE, CYRIL
STREET ADDRESS 1420 US HWY 19
CITY - ST - ZIP INGLIS FL

1.1 TITLE President
1.2 NAME Dennis M. Gagne
1.3 STREET ADDRESS 1420 U.S. Highway 19
1.4 CITY - ST - ZIP Inglis, FL 34449

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

REMITTED BY MAY 1

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)(b), Florida Statutes. I further certify that the information included 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: DENNIS M. GAGNE / President

4-30-95

904-447-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime (Area #)