

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 # **H48336** (2)

1. Corporation Name
ELMORE ENTERPRISES, INC.



Principal Place of Business

**5100 US 98 BORTH
SUITE 1
LAKELAND FL 33809
US**

Mailing Address

**1130 NORTH LAKE PARKER AVENUE
SUITE A307
LAKELAND FL 33805**

3. Date Incorporated or Qualified
03/15/1985

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2504804

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

29

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

**SCHMELZER, JAMES E.
1130 NORTH LAKE PARKER AVENUE, #A307
LAKELAND FL 33805**

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 requires witness registration.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	NAME	SCHMELZER, JAMES E.	DELETED
STREET ADDRESS			1130 N LK PARKER AV A307	
CITY-STATE-ZIP			LAKELAND FL	
TITLE	DST	NAME	SCHMELZER, CHRISTINE	DELETED
STREET ADDRESS			1130 N LK PARKER AV A307	
CITY-STATE-ZIP			LAKELAND FL	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-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:

James E. Schmelzer MES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

9416824440

DATE

Telephone Number

CR2E034 (12/95)