

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H69200 (4)

1. Corporation Name

SHERLOCK HOMES INC.



Principal Place of Business

Mailing Address

% MICHELLE FERRICE MIRELES  
41 GROSBEAK LANE  
NAPLES FL 33961-3010

% MICHELLE FERRICE MIRELES  
41 GROSBEAK LANE  
NAPLES FL 33961-3010

2. Principal Place of Business

2a. Mailing Address

21 960 ROSEA COURT

26 960 ROSEA COURT

Suite, Apt. #, etc

Suite, Apt. #, etc

22 NAPLES FL

27 NAPLES FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24 34104

25 USA

29 34104

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2687988

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

MIRELES, MICHELLE FERRICE  
41 GROSBEAK LANE  
NAPLES FL 33962

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 the applicable

(the Office Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MIRELES, EMILIO	
STREET ADDRESS	41 GROSBEAK LN.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PDM	<input type="checkbox"/> DELETE
NAME	BOUTILIER, FERRIL	
STREET ADDRESS	405 GRANADA	
CITY-ST-ZIP	NAPLES FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BOUTILIER, JAMES	
STREET ADDRESS	4819 ROBIN AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUTILIER, JAMES	
STREET ADDRESS	4819 ROBIN AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BOUTILIER, FERRIL	
STREET ADDRESS	405 GRANADA	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Ferril Boutilier FERRIL BOUTILIER

7-16-96

941-394-5637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (3/96)