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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J38499

(6)

1. Corporation Name
BULLSEYE ENTERPRISES, INC.

Principal Place of Business

4204 S FLORIDA AVE
LAKELAND FL 33803
US

Mailing Address

P O BOX 5012
LAKELAND FL 33807-5012
US

3. Date Incorporated or Qualified
10/13/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 5555 BAILEY RD
Suite, Apt. #, etc.

27 City & State

28 MULBERRY, FLA.

29 33860

Country

30 POLK

4. FEI Number

59-2726988

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

9. Name and Address of Current Registered Agent

BARCH, JOAN T.
6521 NEWMAN CIRCLE EAST
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

Floyd R. Stevenson

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

5555 Bailey Rd.

83

84 City

Mulberry

FL

85 Zip Code

33860

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

Floyd R. Stevenson
Signature typed and name of registered agent and title if applicable

Floyd R. Stevenson President

DATE

2/24/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME BARCH, JOAN T.
STREET ADDRESS 6521 NEWMAN CIRCLE E.
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Floyd R. Stevenson
1.3 STREET ADDRESS 5555 Bailey Rd
1.4 CITY-ST-ZIP Mulberry, Fla. 33860

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME Mary Lou Smith
2.3 STREET ADDRESS 503 Laurel Hill
2.4 CITY-ST-ZIP Lakeland, Fla. 33813

3.1 TITLE Sec. / Treasurer ☒ Change ☐ Addition
3.2 NAME Lorene Stevenson
3.3 STREET ADDRESS 5555 Bailey Rd
3.4 CITY-ST-ZIP Mulberry, Fla. 33860

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lorene Stevenson* LORENE STEVENSON 2/24/97 941-647-9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)