


AMENDED
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.)

APPROVED
AND
FILED

AMENDED

96 DEC 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J38499 1. Corporation Name BULLSEYE ENTERPRISES, INC.			
Principal Place of Business 4204 S. Florida Ave. Lakeland, FL 33801		Mailing Address 5555 Bailey Road Mulberry, FL 33860	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/22/86		3a. Date of Last Report 05/01/96	
4. FEI Number 59-2726988		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Joan T. Barch P.O. Box 5012 Lakeland, Florida 33801		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 Road 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 <i>Floyd R. Stevenson</i> President Floyd R. Stevenson 12/02/96 <small>Signature: typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input checked="" type="checkbox"/> DELETE NAME President/Secretary/Treasurer STREET ADDRESS Joan T. Barch CITY-ST-ZIP P.O. Box 5012 Lakeland, FL 33801 1.2 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME President STREET ADDRESS Floyd R. Stevenson CITY-ST-ZIP 5555 Bailey Road Mulberry, FL 33860 2.2 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice-President STREET ADDRESS Mary Lou Smith CITY-ST-ZIP 503 Laurel Hill Lakeland, FL 2.3 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Secretary/Treasurer STREET ADDRESS Lorene M. Stevenson CITY-ST-ZIP 5555 Bailey Road Mulberry, FL 33860 2.4 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 2.6 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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, changed or on an attachment with an address. SIGNATURE: <i>Floyd R. Stevenson</i> 12/02/96 941-646-3942 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Floyd R. Stevenson, President			

CR2E034 (3/96)