

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J44534 (2)

1. Corporation Name

BANYON ENTERPRISES, INC.

Principal Place of Business

2779 VENETIAN COURT
GULF BREEZE FL 32561

Mailing Address

2779 VENETIAN COURT
GULF BREEZE FL 32561



3. Date Incorporated or Qualified

12/01/1986

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

21 1133 SAWGRASS

Suite, Apt. #, etc.

2a. Mailing Address

26 1133 SAWGRASS

Suite, Apt. #, etc.

4. FEI Number

59-2797099

☒ 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

City & State

23 Gulf Breeze, FL

Zip

24 32561

Country

25 SANTA ROSA

City & State

28 Gulf Breeze, FL

Zip

29 32561

Country

30 SANTA ROSA

9. Name and Address of Current Registered Agent

SCHERL, ELIZABETH
2779 VENETIAN COURT
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

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

Elizabeth Scherl

(ELIZABETH SCHERL)

7/31/96

Signature of person named as registered agent and state if applicable

(Signature of Registered Agent expires at end of term of registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHERL, ELIZABETH
STREET ADDRESS 2779 VENETIAN CT
CITY-STATE-ZIP GULF BREEZE FL ☐ DELETE

TITLE ST
NAME SCHERL, PAUL D.
STREET ADDRESS 2779 VENETIAN CT.
CITY-STATE-ZIP GULF BREEZE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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:

Elizabeth Scherl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ELIZABETH SCHERL)

7/31/96

(904) 934-9010

DATE

TELEPHONE

CR2E034 (12/95)