

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 # J67457 (8)

1. Corporation Name

ORCHID ISLAND ORCHIDS, INC.



Principal Place of Business

MITCHELL, BRUCE A. ESO
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

Mailing Address

MITCHELL, BRUCE A. ESO
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

3. Date Incorporated or Qualified

04/10/1987

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2805875

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

81 Name

Robert Jackson, Esq.

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

2165 15th Avenue

83

84 City

Vero Beach

FL

85 Zip Code

32960

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]

ROBERT JACKSON

4/15/96

Signature typed or printed name of registered agent and new officer/director

(NOTE: Registered Agent Signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HILL, WILLIAM L.
STREET ADDRESS 4745 61ST COURT
CITY-ST-ZIP VERO BEACH FL 32967

TITLE DST ☐ DELETE
NAME HILL, DOLORES M.
STREET ADDRESS 4745 61ST CT.
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DOLORES M. HILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

407-567-9123

CR2E034 (12/95)