

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 # **K01786 (8)**
1. Corporation Name
FIFE ENTERPRISES, INC.



Principal Place of Business: **4213 STATE RD 218 W 5 MIDDLEBURG FL 32068 US**
Mailing Address: **C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVENUE ORANGE PARK FL 32073**

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-2858707**
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
21 [] 22 [] 23 [] 24 [] 25 [] 26 [] 27 [] 28 [] 29 [] 30 []
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK 32073**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FIFE, LARRY	
STREET ADDRESS	1436 LONGHORN RD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DILLARD, DAVID B	
STREET ADDRESS	6525 WOLVERINE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FIFE, CAROL S.	
STREET ADDRESS	1436 LONGHORN RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Larry Fife - President* 3-8-96 (904) 282-4507
Date: _____
Signature and Typed or Printed Name of Signing Officer or Director: _____
Daytime Phone: _____

CR2E034 (12/95)