

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07108 (9)

1. Corporation Name

VENTURE CIRCLE WAREHOUSES, INC.

Principal Place of Business

501 E. JACKSON ST
ORLANDO FL 32801

Mailing Address

501 E. JACKSON ST
ORLANDO FL 32801



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/14/1987

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2965341

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

10. Name and Address of New Registered Agent

SCHIEFERDECKER, HOWARD A
501 E JACKSON ST
FIRST FLOOR
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D
SCHIEFERDECKER, HOWARD.
STREET ADDRESS
501 E. JACKSON ST
CITY-ST-ZIP
ORLANDO FL

☐ DELETE

TITLE
NAME
D
BOLEN, JAMES L.
STREET ADDRESS
501 E. JACKSON ST
CITY-ST-ZIP
ORLANDO FL

☐ DELETE

TITLE
NAME
D
BUTLER, GAY
STREET ADDRESS
501 E. JACKSON ST
CITY-ST-ZIP
ORLANDO FL

☐ DELETE

TITLE
NAME
D
KIMBROUGH, ORMAN L, JR
STREET ADDRESS
236 S. LUCRENE CIRCLE
CITY-ST-ZIP
ORLANDO FL

☐ DELETE

TITLE
NAME
D
MYLREA, BRUCE
STREET ADDRESS
608 E. CENTRAL AVE
CITY-ST-ZIP
ORLANDO FL

☐ DELETE

TITLE
NAME
D
THORNTON, ROBERT
STREET ADDRESS
501 E. JACKSON ST
CITY-ST-ZIP
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (408) 843-1862
Date Daytime Phone

CR2E034 (12/95)