

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K17555 (9)

1. Corporation Name

CLAIBORNE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

109400 OVERSEAS HWY
STE #18
KEY LARGO FL 33037
US

PO BOX 2632
KEY LARGO FL 33037
US

3. Date Incorporated or Qualified
03/09/1988

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1121 Whitehead St
Suite, Apt. #, etc.

26 PO Box 2116
Suite, Apt. #, etc.

4. FEI Number
59-2907489

Applied For
Not Applicable

22 City & State
Key West, FL

27 City & State
Key West, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
33040

24 Country
USA

28 Zip
33045

29 Country
USA

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

9. Name and Address of Current Registered Agent

CLAIBORNE, BARBARA A.
988 OLEANDER RD.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
Barbara A. Claiborne

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

83 1121 Whitehead St

84 City
Key West, FL

85 Zip Code
33040

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

Barbara A. Claiborne

(NOTE: Registered Agent signature required when reinstating)

6-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVD
CLAIBORNE, BARBARA A.
988 OLEANDER RD.
KEY LARGO FL 33037

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

400001918684
-08/12/96--01009--023
***225.00

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 if changed, or on an attachment with an address.

SIGNATURE:

Barbara A. Claiborne
Barbara A. Claiborne, Pres

7-21-96 305 29418P8

DATE

Printed Name

0147168

FP

CR2E034 (3/96)