

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K28448**

(4)

1. Corporation Name

HERRIN ENTERPRISES, INC.



Principal Place of Business

% ELIZABETH BROWN HERRIN
1090 E JOHN SIMS PKY
NICEVILLE FL 32578

Mailing Address

% ELIZABETH BROWN HERRIN
1090 E JOHN SIMS PKY
NICEVILLE FL 32578

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

9. Name and Address of Current Registered Agent

HERRIN, ELIZABETH BROWN
1090 E JOHN SIMS PKY
NICEVILLE FL 32578

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 agree to the obligations of Sections 607.0502, Florida Statutes.

SIGNATURE

Elizabeth B Herrin

(NOTE: Registered Agent for corporation listed first only)

2/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	☐ DELETE
NAME	HERRIN, ELIZABETH BROWN	
STREET ADDRESS	607 BROOKHAVEN WAY	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE	D	☐ DELETE
NAME	HERRIN, ELIZABETH BROWN	
STREET ADDRESS	607 BROOKHAVEN WAY	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth B Herrin

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/27/96

904-897-4800

Daytime Phone #

CR2E034 (12/95)