

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K34001** (3)

1. Corporation Name

LOUP GAROU PRESS, INC.

Principal Place of Business

Mailing Address

**3471 13TH AVENUE SW
NAPLES FL 33964**

**3471 13TH AVENUE SW
NAPLES FL 33964**



2. Principal Place of Business

2a. Mailing Address

21 **15810 SE 58th Terr**

26 **P.O. Box 266**

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 **Micanopy, FL**

28 **Micanopy, FL**

Zip

Zip

Country

Country

24 **32667**

25 **Alachua**

29 **32667**

30 **Alachua**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/26/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0075782

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. 199.03? Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**GRAHAM, ANTOINETTE G.
3471 13TH AVENUE SW
NAPLES FL 33964**

81 Name

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

Route 2, Box 277

83

84 City

Micanopy

FL

85 Zip Code
32667

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)

(If title, Registered Agent's signature required when renewing filing)

6/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GRAHAM, ANTOINETTE G.**
STREET ADDRESS **3471 13TH AVENUE SW**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**Route 2, Box 277
Micanopy, FL 32667**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Antoinette G. Graham

Antoinette G. Graham

6/28/96 352-4660200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)