

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 # K37075 (4)

1. Corporation Name

AMERICAN WAY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**AMERICAN WAY
1111 36TH STREET
VERO BEACH FL 32960
US**

**1111 36TH STREET
VERO BEACH FL 32960
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1988

3a. Date of Last Report

02/14/1995

4. F.E.I. Number

65-0077497

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

**KENNEDY, SHARON L
1111 36TH STREET
VERO BEACH FL 32960**

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 not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

☐ DELETE

NAME

WILLIAMS, ANDREW

STREET ADDRESS

2865 OCEAN DRIVE

CITY-ST-ZIP

VERO BEACH FL

TITLE

P

☐ DELETE

NAME

KENNEDY, SHARON L

STREET ADDRESS

1111 36TH STREET

CITY-ST-ZIP

VERO BEACH FL

TITLE

D

☐ DELETE

NAME

MCCRISTAL, ANN MARIE

STREET ADDRESS

511 BAY DRIVE

CITY-ST-ZIP

VERO BEACH FL

TITLE

V

☐ DELETE

NAME

BAXTER-GIBSON, SUSAN

STREET ADDRESS

1111-36TH STREET

CITY-ST-ZIP

VERO BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

Susan Baxter Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

DATE

407-527-5551

DEPT. OF STATE, PHONE #

CR2E034 (12/95)