

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:12

DOCUMENT # K44002

(9)

1. Corporation Name

PRISCILLA ENTERPRISES, INC.

Principal Place of Business

1805 NE 24 ST
LIGHTHOUSE POINT FL 33064

Mailing Address

1805 NE 24 ST
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1988

3a. Date of Last Report

02/24/1994

4. FEI Number

65-0079947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

KUHN, PRISCILLA W.
1805 NE 24 ST
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

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

(If printed, type the name of registered agent, and attach signature)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

801

NAME

802 ADDRESS

803 CITY & STATE

804 ZIP

D
KUHN, PRISCILLA W.
1805 NE 24 ST
LIGHTHOUSE PT FL

805

NAME

806 ADDRESS

807 CITY & STATE

808 ZIP

PST
KUHN, PRISCILLA W.
1805 NE 24 ST
LIGHTHOUSE PT FL

809

NAME

810 ADDRESS

811 CITY & STATE

812 ZIP

813

NAME

814 ADDRESS

815 CITY & STATE

816 ZIP

817

NAME

818 ADDRESS

819 CITY & STATE

820 ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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, _____, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 by 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 on Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Priscilla W. Kuhn
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

1-12-95