

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K62596 (7)

1. Corporation Name

FLORIDA FANCY, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL R. CALHOON
1205 MANATEE AVE. WEST P O BOX 439
PARRISH FL 34219

C/O MICHAEL R. CALHOON
1205 MANATEE AVE. WEST P O BOX 439
PARRISH FL 34219

2. Principal Place of Business

2a. Mailing Address

21 POST OFFICE BOX 439

26 POST OFFICE BOX 439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PARRISH, FL

28 PARRISH, FL

Zip

Country

Zip

Country

24 34219

25 USA

29 34219

30 USA

9. Name and Address of Current Registered Agent

CALHOON, MICHAEL R.
1-75 AND MICCASIN WALLOW RD
PARRISH FL 34219

3. Date Incorporated or Qualified

01/31/1989

3a. Date of Last Report

05/01/1995

4. FET Number

65-0092612

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

81 Name

WILLIAM C. ROBINSON

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

6730 MOCCASIN WALLOW ROAD

83

84 City

PARRISH,

FL

85 Zip Code

34219

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, Name or Print Name of registered agent and date of appointment

(NOTE: Registered Agent signature required when non-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ROBINSON, WILLIAM C.
6620 RIVERVIEW BLVD. W.
BRADENTON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
CALHOON, MICHAEL R.
9015 SABAL PALM CIRCLE
BRADENTON FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D/P/V
ROBINSON, WILLIAM C.
6620 RIVERVIEW BLVD W
BRADENTON, FL 34209

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

D/S/T
CHARLES E. WALKER
9401 HAMMOCK DRIVE
BRADENTON, FL 34202

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)