

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L09858

(6)

1. Corporation Name

THE ENGLISH COMPANY, INC.

FILED
95 JUL 17 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

% MICHAEL M. ENGLISH
~~1304 YORK STREET SUITE 4~~
~~TAMPA FL 33606~~

POST OFFICE BOX 3012
~~1304 YORK STREET SUITE 4~~
TAMPA FL 33601-3012
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1989

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2963617

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

2. Principal Place of Business

2a. Mailing Address

21 1916 AVE. REPUBLICA DE CUBA

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE F-206

27

City & State

City & State

23 TAMPA FL.

28

Zip

Country

Zip

Country

24 33605

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLISH, MICHAEL M.

~~1304 YORK STREET~~

~~STE 2~~

TAMPA FL 33606

1916 AVE. REPUBLICA DE CUBA

TAMPA, FLA 33605

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ENGLISH, MICHAEL M.
STREET ADDRESS ~~1304 YORK ST. #STE 2~~ 1916 AVE. REP. DE CUBA
CITY - ST - ZIP TAMPA FL 33605

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

TITLE DVP
NAME ENGLISH, JANE
STREET ADDRESS ~~1304 E YORK ST. #2~~ 1916 AVE. REP DE CUBA
CITY - ST - ZIP TAMPA FL 33605

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 110.07(3)(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; 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:

Michael M. English

MICHAEL M. ENGLISH

7/12/95

813 248 0806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)