

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 # **L28349** (3)

1. Corporation Name

FLORIDA PREMIERE ENTERPRISES, INC.



Principal Place of Business

**39331 LAKE BURNS RD
UMATILLA FL 32784
US**

Mailing Address

**39331 LAKE BURNS RD
UMATILLA FL 32784
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

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27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**MARTIN, ROBERT L.
39331 LAKE BURNS RD
UMATILLA FL 32789**

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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**POT
MARTIN, ROBERT L
39331 LAKE BURNS RD
UMATILLA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**S
MARTIN, JANICE K
39331 LAKE BURNS RD
UMATILLA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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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 included 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 13a if I am named, or in an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
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95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

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