

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 # **L71066** (9)

1. Corporation Name

LON & JOHN ENTERPRISES, INC.



Principal Place of Business

**G/O JOHN H. BUTERA
2717 AMSDEN RD.
WINTER PARK FL 32792**

Mailing Address

**G/O JOHN H. BUTERA
2717 AMSDEN RD.
WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21 **C/O LON E. CARR**
Suite, Apt. #, etc.

26 **C/O LON E. CARR**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified
05/03/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3072726

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTERA, JOHN H.
6656 EAST COLONIA DRIVE
ORLANDO FL 32807**

81 Name

LON E. CARR

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

2717 AMSDEN RD

83

84 City

Winter Park

FL

85 Zip Code

32792

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

LON E. CARR

LON E. CARR

2-22-96

2-22-96

(Signature of person making this annual report or supplemental report, if not applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVT** ☒ DELETE
NAME **BUTERA, JOHN H.**
STREET ADDRESS **6629 OLD CHENEY HWY.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DPST** ☐ DELETE
NAME **CARR, LON E.**
STREET ADDRESS **2717 AMSDEN RD.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE **Betty P. Carr (V)** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **2717 AMSDEN RD**
2.4 CITY-ST-ZIP **Winter Park FL.**

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:

LON E. CARR

LON E. CARR

2-22-96

407-678-1634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)