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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N27019 (1)

1. Corporation Name
HIS STORY, INC.

Principal Place of Business

C/O JACKIE SPENCER
5890 24 AVE SW
NAPLES FL 33999
US

Mailing Address

5890 24TH AVENUE, S.W.
NAPLES FL 34116-6742
US



3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
02/22/1996

4. FEI Number
65-0064835

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

21 ERICK CARTER

Suite, Apt. #, etc.

22 City & State

23 Naples FL

24 Zip 34116

25 Country USA

2a. Mailing Address

26 4914 23rd CT SW

Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

MORHARD, LUDWIG H
1400 POMPEI LANE
55
NAPLES FL 33940

Note: change of address

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TOMEI, DON
STREET ADDRESS 441 15TH STREET SW
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE D
NAME PLATT, DAWN
STREET ADDRESS 281 12TH AVENUE, N.W.
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE VPD
NAME SMITH, II B
STREET ADDRESS 102 TUPELO ROAD
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE SD
NAME GOLDIE, MICHELLE
STREET ADDRESS 2530 CITRUS LAKE DRIVE #102
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME MORHARD, LUDWIG
STREET ADDRESS 1400 POMPEI LANE, #55
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME SPENCER, JACKIE
STREET ADDRESS 5890 24TH AVE SW
CITY-ST-ZIP NAPLES FL ☒ DELETE
Change

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ERICK CARTER
1.3 STREET ADDRESS 4914 23rd CT SW
1.4 CITY-ST-ZIP Naples FL 34116 ☒ Change ☐ Addition

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

3.1 TITLE VPD
3.2 NAME Ludwig Morhard
3.3 STREET ADDRESS 80's Rock Point DR #207 B
3.4 CITY-ST-ZIP Naples FL 34102 ☒ Change ☐ Addition

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

5.1 TITLE D
5.2 NAME Jackie Spencer
5.3 STREET ADDRESS 5890 24th Ave SW
5.4 CITY-ST-ZIP Naples FL 34116 ☒ Change ☒ Addition

6.1 TITLE TD
6.2 NAME Harold Carthens
6.3 STREET ADDRESS 5711 22nd Ave SW
6.4 CITY-ST-ZIP Naples 34116 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)