

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N35180** (1)

1. Corporation Name

FRENCH INTERNATIONAL MISSION, INC.



Principal Place of Business

2600 MICHIGAN AVE.
LOT 86B
PENSACOLA FL 32526
US

Mailing Address

2600 MICHIGAN AVE.
LOT 86B
PENSACOLA FL 32526
US

3. Date Incorporated or Qualified
11/09/1989

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2978895

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

SEARS, PAULINE
2600 MICHIGAN AVE
LOT 86B
PENSACOLA FL 32526

81

Name

Pauline Sears

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

Pauline Sears

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

(NOTE: Registered Agent signature required when reinstating)

3/15/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE
NAME **DM LAWRENCE, JOHN C.**
STREET ADDRESS **29 ROUTE DE LA ROCHE GUYON, 78270**
CITY-ST-ZIP **LIMETZ-VILLEZ FR**

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

TITLE ☐ DELETE
NAME **DS LAWRENCE, MARILYN E.**
STREET ADDRESS **29 ROUTE DE LA ROCHE GUYON 78270**
CITY-ST-ZIP **LIMETA-VILLEZ FR**

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

TITLE ☐ DELETE
NAME **D GORDON, STEVEN P**
STREET ADDRESS **8245 RIDGEFIELD ROAD**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ DELETE
NAME **D QUILLIA, MICHAEL O (REV)**
STREET ADDRESS **109 RANDALL ST. APT. 2**
CITY-ST-ZIP **WORCESTER MA**

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

TITLE ☐ DELETE
NAME **D SEARS, DANIEL (REV)**
STREET ADDRESS **BOX 216 R.D. 1**
CITY-ST-ZIP **PORTER CORNERS NY**

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

TITLE ☐ DELETE
NAME **D HUFF, JAMES M. (REV)**
STREET ADDRESS **11625 CHEMSTRAND ROAD**
CITY-ST-ZIP **PENSACOLA FL**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John C. Lawrence, Managing Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Lawrence

Date

2/29/96

Daytime Phone #

67.35.22.02

CR2E037 (12/95)