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Mar 27 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 # 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 32526-2262  
US

3. Date Incorporated or Qualified  
11/09/1989

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

MORRIS RAY DAVIS

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

101 MAGNOLIA AVENUE

83

84 City

CANTONMENT,

FL

85 Zip Code

32533

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

*M. R. Davis*

MORRIS RAY DAVIS

3-13-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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☐ 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.

SIGNATURE: *John C. Lawrence* JOHN C. LAWRENCE 3/28/97 (904) 477-9708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073280

CR2E037 (9/96)