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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49108** (6)

1. Corporation Name

TOO FAR, INC.

Principal Place of Business

**8618 E. ORANGE AVENUE
FLORAL CITY FL 34436
US**

Mailing Address

**P.O. BOX 880
FLORAL CITY FL 34436-0980
US**

3. Date Incorporated or Qualified
05/27/1992

3a. Date of Last Report
04/19/1996

4. FEI Number
59-3124707

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOTLOW, DUDLEY E
8618 EAST ORANGE AVE.
FLORAL CITY FL 32636**

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 *Dudley E. Motlow*
Signature, typed or printed name of registered agent and title, if applicable

Dudley E. Motlow
(NOTE: Registered Agent signature required when reinstating)

3-19-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBINSON, FRANK	
STREET ADDRESS	8717 E BRADLEY RD	
CITY- ST- ZIP	FLORAL CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARTMAN, LARRY	
STREET ADDRESS	8686 E MARVIN ST	
CITY- ST- ZIP	FLORAL CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEDDEN, LEE	
STREET ADDRESS	12350 E. WALTON DRIVE	
CITY- ST- ZIP	FLORAL CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOTLOW, DUDLEY E	
STREET ADDRESS	1206 CYPRESS COVE COURT	
CITY- ST- ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONVERSE, RON	
STREET ADDRESS	10108 E. PERCH DRIVE	
CITY- ST- ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAU, HERMAN	
STREET ADDRESS	7712 S DHOREACRES POINT	
CITY- ST- ZIP	FORAL CITY FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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: *Dudley E. Motlow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0065132**

CR2E037 (9/96)