

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 # N94000003937 (9)

1. Corporation Name

JULI'S HOUSE, INC.



Principal Place of Business

Mailing Address

**1700 E BRONSON HWY
KISSIMMEE FL 34744**

**1700 E BRONSON HWY
KISSIMMEE FL 34744**

3. Date Incorporated or Qualified
08/08/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3269332

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

Zip

Country

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

~~JONES, GARY~~
**1700 E BRONSON HWY
KISSIMMEE FL 34744**

81 Name

Juli Hayes (Julianna Hayes)

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

107 LAKEVIEW DRIVE

83

84 City

ST. Cloud

FL

85 Zip Code

34769

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

Julianna Hayes

President

6/10/96

(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	PO	<input checked="" type="checkbox"/> DELETE
NAME	JONES, GARY	
STREET ADDRESS	1700 E BRONSON HWY	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PATE, DAWN	
STREET ADDRESS	1340 W COLUMBIA AVE	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WOIDA, JOANNE	
STREET ADDRESS	825 OAK ST	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, JULI	
STREET ADDRESS	P.O. BOX 45181 N/A	
CITY - ST - ZIP	KISSIMMEE FL 34745-1481	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, DANNY	
STREET ADDRESS	1700 E BRONSON HWY	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHOPE, THERESA	
STREET ADDRESS	825 E OAK ST	
CITY - ST - ZIP	KISSIMMEE FL 34744	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN ?

1.1 TITLE	ST. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIMMY FLANKS	
1.3 STREET ADDRESS	1700 E BRONSON HWY	
1.4 CITY - ST - ZIP	KISSIMMEE FL 34744	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON SMITH	
2.3 STREET ADDRESS	1212 Beth Lane	
2.4 CITY - ST - ZIP	ST Cloud FL 34772	
3.1 TITLE	...	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	...	
3.3 STREET ADDRESS	...	
3.4 CITY - ST - ZIP	...	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Juli Hayes	
4.3 STREET ADDRESS	107 LAKEVIEW DRIVE	
4.4 CITY - ST - ZIP	ST. Cloud, FL 34769	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANNY HAYES	
5.3 STREET ADDRESS	1700 E BRONSON HWY	
5.4 CITY - ST - ZIP	KISSIMMEE FL 34744	
6.1 TITLE	...	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Danny Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

407-957-1553

Daytime Phone #

CR2E037 (12/95)