

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 # N95000001204 (5)

1. Corporation Name

FRIENDS OF THE STYLEMARCHERS, INC.



Principal Place of Business

**1201 EGLIN PARKWAY
SHALIMAR FL 32579**

Mailing Address

**1201 EGLIN PARKWAY
SHALIMAR FL 32579**

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

30 Country

4. FEI Number

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

**FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

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 rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BOUNDS, RICHARD**
STREET ADDRESS **110 N.W. RACETRACK ROAD**
CITY - ST - ZIP **FORT WALTON BEACH FL 32548**

TITLE **D** ☒ DELETE
NAME **MAYFIELD, BILLY**
STREET ADDRESS **188 COUNTRY CLUB ROAD**
CITY - ST - ZIP **SHALIMAR FL 32579**

TITLE **D** ☐ DELETE
NAME **NELSON, RANDY**
STREET ADDRESS **110 N.W. RACETRACK ROAD**
CITY - ST - ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **FLEET, H. BART**
1.3 STREET ADDRESS **1201 EGLIN PARKWAY**
1.4 CITY - ST - ZIP **SHALIMAR FL 32579**

2.1 TITLE **S/D** ☐ Change ☒ Addition
2.2 NAME **MCALLISTER, RAY H.**
2.3 STREET ADDRESS **140 COUNTRY CLUB DRIVE**
2.4 CITY - ST - ZIP **SHALIMAR FL 32579**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **HEMMER, ALLEN R.**
3.3 STREET ADDRESS **22 MAPLE AVENUE**
3.4 CITY - ST - ZIP **SHALIMAR FL 32579**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **STEARNS, ALLEN**
4.3 STREET ADDRESS **908 MIDDLE DRIVE**
4.4 CITY - ST - ZIP **FORT WALTON BEACH FL 32547**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **KENT, BARBARA**
5.3 STREET ADDRESS **648 MERIONETH DRIVE**
5.4 CITY - ST - ZIP **FORT WALTON BEACH FL 32547**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **PATRICK, JEFFERY C.**
6.3 STREET ADDRESS **200 DEVON COURT**
6.4 CITY - ST - ZIP **FORT WALTON BEACH FL 32547**

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: *Allen R. Hemmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN R. HEMMER

4/29/96

Date

HOME (904) 651-0926

WORK (904) 882-8864

Daytime Phone # **EXT. 265**

CR2E037 (12/95)