

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Sep 26 1996 8:00 am  
Secretary of State

DOCUMENT # N95000001395 (1)

1. Corporation Name

FLORIDA'S LEGACY, INC.

Principal Place of Business

Mailing Address

1316 TECH BLVD  
TAMPA FL 33619

1316 TECH BLVD  
TAMPA FL 33619



2. Principal Place of Business

2a. Mailing Address

21 8300 W. SR 46

26 8300 W SR 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SANFORD, FL

27 SANFORD, FL

City & State

City & State

23 32771

28 32771

Zip

Zip

Country

Country

24 32771

29 32771

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3329685

X 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

10. Name and Address of New Registered Agent

81 Name

Christine Small

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

8300 West State Rd. 46

83

84 City

SANFORD

FL

85 Zip Code

32771

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 reinstating)

DATE

7/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☒ DELETE

NAME WILKS, DIANE  
STREET ADDRESS 1316 TECH BLVD  
CITY-ST-ZIP TAMPA FL 33619

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME Christine Small  
1.3 STREET ADDRESS 8300 West State Rd 46  
1.4 CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☒ DELETE

NAME BARNETT, CAROL J  
STREET ADDRESS 531 LONE PALM DR  
CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MARSHA BUTLER  
2.3 STREET ADDRESS 7828 Carr Rd  
2.4 CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☒ DELETE

NAME ANNIS, MICHAEL D  
STREET ADDRESS 3314 MULLEN AVE  
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Jeri Baldwin  
3.3 STREET ADDRESS 6411 NE 217th Place  
3.4 CITY-ST-ZIP Citra, FL 32118

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

7/18/96

407/322-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #