

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000000265 (7)**

1. Corporation Name

ME AND JULIO, INC.



Principal Place of Business

**16 PINE LYNN LN
PALM COAST FL 32137
US**

Mailing Address

**16 PINE LYNN LN
PALM COAST FL 32137
US**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**DOUGLAS, TIMOTHY K
16 PINE LYNN LN
PALM COAST FL 32137**

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
03/02/1995

4. FEI Number

59-3159741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

JULIO C. ALONSO

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

16 PINELYNN LANE

83

84 City

PALM COAST

FL

85 Zip Code

32164

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Julio C. Alonso

(Signature of person becoming registered agent and the individual)

(If FEI Registered Agent signature required, when necessary)

DATE

1/22/96

12. OFFICERS AND DIRECTORS

1. TITLE **D** ☐ DELETE
2. NAME **ALONSO, JULIO C**
3. STREET ADDRESS **16 PINE LAWN LN**
4. CITY-ST-ZIP **PALM COAST FL 32137**

5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE ☐ DELETE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julio C. Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
DATE

(904) 4375806
DAYTIME PHONE #

CR2E034 (12/95)