

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 # P93000026328

1. Corporation Name

CHARPENTIER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

719-THIRD-AVENUE  
NEW SMYRNA BEACH, FL 32169  
USA

719-THIRD-AVENUE  
NEW SMYRNA BEACH, FL 32169  
USA

2. Principal Place of Business

2a. Mailing Address

21 4166 SO. ATLANTIC AVENUE

26 4166 SO. ATLANTIC AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW SMYRNA BEACH, FL

28 NEW SMYRNA BEACH, FL

Zip

Country

Zip

Country

24 32169

25 USA

29 32169

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1993

3a. Date of Last Report

07/07/95

4. FEI Number

98-0141811

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

CYNTHIA FERRARO  
719-THIRD-AVENUE  
NEW SMYRNA BEACH, FL 32169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
4166 SO. ATLANTIC AVENUE

83 NEW SMYRNA BEACH

84 City

FL

85 Zip Code  
32169

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

Signature (typed or printed name of registered agent and date of appointment)

Signature (typed or printed name of registered agent and date of appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME RENE CHARPENTIER  
STREET ADDRESS 719-THIRD-AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

1.2 NAME  
1.3 STREET ADDRESS 4166 SO. ATLANTIC AVENUE  
1.4 CITY-ST-ZIP

TITLE S/T ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME DORIS CHARPENTIER  
STREET ADDRESS 719-THIRD-AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

2.2 NAME  
2.3 STREET ADDRESS 4166 SO. ATLANTIC AVENUE  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

06/17/96

RENE CHARPENTIER/PRESIDENT

(904) 424-9173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)