

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027207 (8)

1. Corporation Name

A DECADE APART, INC.



Principal Place of Business

RT 2 BOX 586
LAKE CITY FL 32055

Mailing Address

RT 2 BOX 586
LAKE CITY FL 32055

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

32024

25

29

32024

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

06/27/1995

4. FEI Number

59-3183315

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

CHRISTENSEN, ANNE M
RT 2 BOX 586
LAKE CITY FL 32055

81

Name

Christensen, Douglas L

82

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

Rt 2 Box 586

83

City

Lake City, FL

84

State

Lake City, FL

FL

Zip Code

32024

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, if applicable

(NOTE: Registered Agent signature required when incorporated)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PVTS | <input checked="" type="checkbox"/> DELETE |
| NAME | CHRISTENSEN, ANNE M | |
| STREET ADDRESS | ROUTE 2, BOX 586 | |
| CITY-STATE-ZIP | LAKE CITY FL 32055 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|------------------------|--|-----------------------------------|
| 1.1 TITLE | PVTS | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | Christensen, Douglas L | | |
| 1.3 STREET ADDRESS | Rt 2, Box 586 | | |
| 1.4 CITY-STATE-ZIP | Lake City, FL 32024 | | |
| 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-STATE-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-STATE-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-STATE-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-STATE-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-STATE-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:

Douglas L. Christensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

904-935-0897

Daytime Phone

CR2E034 (12/95)