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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

RT 2 BOX 586
LAKE CITY FL 32024

RT 2 BOX 586
LAKE CITY FL 32024-9802



2. Principal Place of Business

2a. Mailing Address

21 22671 SR 247

26 22671 SR 247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake City, FL

28 Lake City, FL

Zip Country

Zip Country

24 32024 25 Suwannee

29 32024 30 Suwannee

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

05/01/1996

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

CHRISTENSEN, DOUGLAS L
RT 2 BOX 586
LAKE CITY FL 32024

81 Name

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

22671 SR 247

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME CHRISTENSEN, ANNE M
STREET ADDRESS ROUTE 2, BOX 586
CITY-ST-ZIP LAKE CITY FL 32024 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PVT
1.2 NAME Christensen, Douglas L
1.3 STREET ADDRESS 22671 SR 247
1.4 CITY-ST-ZIP Lake City, FL 32024 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Pres. 4-14-97 955-0897

CR2E034 (9/96)