

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 2:26

DOCUMENT # P93000034102 (2)

1. Corporation Name

EXECUTIVE, INC.

Principal Place of Business

2725 W KING ST
COCOA FL 32722
US

Mailing Address

2725 W KING ST
COCOA FL 32722
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3189082

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

City & State

23

City & State

28

Zip

24 32926

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GRAHAM, JESSE E
369 N NEW YORK AVE
3RD FL
WINTER PARK FL 32790**

10. Name and Address of New Registered Agent

81 Name

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

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-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DRINKENBURG-WALD, JOHANNA
STREET ADDRESS 2725 W KING ST
CITY, ST, ZIP COCOA FL

TITLE VSTD
NAME MARANGES, RAYMOND
STREET ADDRESS 2725 W. KING ST
CITY, ST, ZIP COCOA FL 32722

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P V T S
12 NAME DRINKENBURG-WALD, JOHANNA
13 STREET ADDRESS 2725 W King St
14 CITY, ST, ZIP Cocoa, FL 32926

21 TITLE NONE

22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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(9)(b), 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. 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. I am hereby attaching an affidavit with my signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/23/95

(407) 636-1112

Date

Daytime Phone #