

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009255 (8)

1. Corporation Name

CONNIE BENNETT COLLECTION, INC.



Principal Place of Business

PO BOX 48116
JACKSONVILLE FL 32247

Mailing Address

PO BOX 48116
JACKSONVILLE FL 32247

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BENNETT, CONNIE
2438 IRONWOOD DR
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3072931

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0100 and 607.1500, 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 and hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0500, Florida Statutes.

SIGNATURE

CONNIE BENNETT

4/14/96

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BENNETT, CONNIE I
2438 IRONWOOD DR
JACKSONVILLE FL 32216

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BENNETT, HARVEY L
2438 IRONWOOD DR
JACKSONVILLE FL 32216

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 amendment with an officers

SIGNATURE:

CONNIE BENNETT

CONNIE BENNETT

4/14/96

(904)
725-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required

CR2E034 (12/95)