

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011911 (2)

1. Corporation Name

O'NEAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

951 N. HERON CIRCLE
WINTER HAVEN FL 33884

951 N. HERON CIRCLE
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 283 N. North Lake Blvd. 26 283 N. North Lake Blvd.

4. FEI Number

59-3223449

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 111

27 Suite 111

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Altamonte Springs FL

28 Altamonte Springs FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32701

25 USA

29 32701

30 USA

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEAL, CLEVELAND M JR
951 N HERON CIR
WINTER HAVEN FL 33884

81 Name

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

674 Cayuga Drive

83

84 City

Winter Springs

FL

85 Zip Code

32708

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 application

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME O'NEAL, CLEVELAND M JR
STREET ADDRESS 951 N HERON CR
CITY ST ZIP WINTER HAVEN FL 33884

TITLE
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NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~XXXXXXXXXX~~ J/P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 674 Cayuga Drive

1.4 CITY ST ZIP Winter Springs, FL 32708 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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)(d), 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 my address.

SIGNATURE:

C. M. O'Neal Jr. Cleveland M. O'Neal Jr. 4/11/95 407-339-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR