

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 # P94000017707 (8)

1. Corporation Name

CHEERAMERICA, INC.



Principal Place of Business

Mailing Address

873 COPPERFIELD TERRACE
CASSELBERRY FL 32707

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CASSELBERRY FL 32707

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1015 E. Semoran Blvd.

26 Suite, Apt. #, etc.

22 Suite 213

27 Suite, Apt. #, etc.

23 Casselberry FL

28 City & State

24 32707 25 Seminole

29 Zip

Country

30

4. FEI Number

59-3227091

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAGWELL, JESSE G JR.
8842 LAKE IRMA POINT
ORLANDO FL 32817

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BAGWELL, HOLLY L
STREET ADDRESS 873 COPPERFIELD TERRACE
CITY-ST-ZIP CASSELBERRY FL 32707

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BAGWELL, JESSE G III
STREET ADDRESS 873 COPPERFIELD TERRACE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ DELETE
NAME BAGWELL, JESSE G JR.
STREET ADDRESS 8842 LAKE IRMA POINT
CITY-ST-ZIP ORLANDO FL 32817

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 500001835495
3.4 CITY-ST-ZIP -05/22/96--01110--042

TITLE D ☐ DELETE
NAME ANDERSON, WAYNE H
STREET ADDRESS 13526 LAKE MAGDALENE DR.
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS ***200.00
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SPANGLER, D. P
STREET ADDRESS 500 INTERLACHEN AVE.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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: Holly L. Bagwell

Holly L. Bagwell

4-30-96

407-830-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)