

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 # P94000021557 (1)

1. Corporation Name

CHEROKEE BUSINESS ENTERPRISES, INC.



Principal Place of Business

908 BROAD STREET SOUTH
BROOKSVILLE FL 34801

Mailing Address

908 BROAD STREET SOUTH
BROOKSVILLE FL 34801

3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

21 14240 CORTEZ BLVD.

Suite, Apt. #, etc.

22

City & State

23 BROOKSVILLE, FL

Zip

24 34613

Country

25 USA

2a. Mailing Address

26 14240 CORTEZ BLVD.

Suite, Apt. #, etc.

27

City & State

28 BROOKSVILLE, FL

Zip

29 34613

Country

30 USA

4. FEI Number

APPLIED FOR 59-3249061

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

FERNALD, LOUIS R
3939 U.S. HWY 19
NEW PORT RICHEY FL 34652

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 the corporation)

(NOTE: If signed Agent's Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GOULD, GEORGE M
STREET ADDRESS 908 BROAD ST.
CITY-ST-ZIP BROOKSVILLE FL 34801

TITLE D ☐ DELETE

NAME FERNALD, LOUIS R
STREET ADDRESS 3939 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ DELETE

NAME FERNALD, JAMES V. B JR.
STREET ADDRESS 3939 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14240 CORTEZ BLVD.
BROOKSVILLE, FL 34613

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

James V. B. Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

813-847-5555

DATE

Daytime Phone #

CR2E034 (12/95)