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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000032653 (5)**

1. Corporation Name

MAJESTIC ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**8083 NAVARRE PKWY
NAVARRE FL 32566**

**8083 NAVARRE PKWY
NAVARRE FL 32566**

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, EUBY
8083 NAVARRE PKWY
NAVARRE FL 32566**

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

(403) Reg. Agent Agent Candidate requires 1 when reaching step

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GRIMM, GLENN A**
STREET ADDRESS **8083 NAVARRE PKY**
CITY- ST- ZIP **NAVARRE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY- ST- ZIP

24 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY- ST- ZIP

34 TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY- ST- ZIP

44 TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY- ST- ZIP

54 TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY- ST- ZIP

64 TITLE ☐ Change ☐ Addition

65 NAME

66 STREET ADDRESS

67 CITY- ST- ZIP

68 TITLE ☐ Change ☐ Addition

69 NAME

70 STREET ADDRESS

71 CITY- ST- ZIP

72 TITLE ☐ Change ☐ Addition

73 NAME

74 STREET ADDRESS

75 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: **X. [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

904-939-8753

CS 4/18/96

CR2E034 (12/95)