

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000041221 (0)**

1. Corporation Name

BILL & GERRIE'S ENTERPRISES, INC.



Principal Place of Business

**4920 E. ARBOR STREET
INVERNESS FL 34451**

Mailing Address

**4920 E. ARBOR STREET
INVERNESS FL 34451**

3. Date Incorporated or Qualified
06/02/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 **6890 N FLORIDA AVENUE**

Suite, Apt. #, etc.

22

City & State

23 **HOLDER FL**

Zip

24 **34445**

Country

25 **CITRUS**

2a. Mailing Address

26 **P O BOX 1443**

Suite, Apt. #, etc.

27

City & State

28 **INVERNESS FL**

Zip

29 **34451-1448**

Country

30 **CITRUS**

4. FEI Number

59-3250298

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

**CONLEY, WILLIAM A
4920 E. ARBOR STREET
INVERNESS FL 34451**

10. Name and Address of New Registered Agent

81 Name

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

6080 IONA LANE

83

84 City

INVERNESS

FL

85

Zip Code

34452

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 shall be signed by

(If FEI Registered Agent sign, the registered agent must sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CONLEY, WILLIAM A**
STREET ADDRESS **4920 E. ARBOR STREET**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE ☐ DELETE

NAME **D CONLEY, GERRIE L**
STREET ADDRESS **4920 E. ARBOR STREET**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**6080 IONA LANE
INVERNESS FL 34452**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**6080 IONA LANE
INVERNESS FL 34452**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

William A. Conley
William A. Conley - Gerrie L. Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

352-489-5866
Daytime Phone

CR2E034 (12/95)