

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000048164 (5)**

1. Corporation Name

RALPH CERRETA ENTERPRISES, INC.



Principal Place of Business

**41 NORTH JEFFERSON STREET
SUITE 111
PENSACOLA FL 32501**

Mailing Address

**41 NORTH JEFFERSON STREET
SUITE 111
PENSACOLA FL 32501**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CERRETA, RALPH M
41 NORTH JEFFERSON STREET
SUITE 111
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3270734

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

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 607.0602 and 607.1504, 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 of Registered Agent or Officer/Director)

(Signature of Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
TITLE	NAME	[] DELETE
NAME	CERRETA, RALPH M	
STREET ADDRESS	41 NORTH JEFFERSON STREET, SUITE 111	
CITY, ST, ZIP	PENSACOLA FL 32501	
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

13.1	13.2	13.3
TITLE	NAME	[] Change [] Addition
13.1 STREET ADDRESS		
13.1 CITY, ST, ZIP		
2.1 TITLE		[] Change [] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		[] Change [] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		[] Change [] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		[] Change [] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 from an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Feb. 1996 (904) 456-6400

CR2E034 (12/95)