

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000052171 (3)**

1. Corporation Name

FUTURA INTERNATIONAL, INC.



Principal Place of Business

**22051 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625-2342**

Mailing Address

**22051 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625-2342**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3253376

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**BAILEY, CLIVE R
22051 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34625-2342**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LONG, TERRY L**
STREET ADDRESS **22051 U.S. HIGHWAY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP** ☐ DELETE
NAME **FRYMAN, MARSHALL**
STREET ADDRESS **220501 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **LONG, WAYNE**
STREET ADDRESS **22051 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** ☐ DELETE
NAME **BAILEY, CLIVE**
STREET ADDRESS **22051 US HWY N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **KUNG, JOAN**
STREET ADDRESS **22051 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER FL**

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

P-31-97

012-721-5112

CR2E034 (4/97)