

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 24 1997 8:00am  
Secretary of State

DOCUMENT # **P94000059522 (0)**

1. Corporation Name

**APRIL FOOL ENTERPRISES, INC.**



Principal Place of Business

**1025 HARRISON AVE  
PANAMA CITY FL 32401  
US**

Mailing Address

**BOX 1821  
PANAMA CITY FL 32402-1821  
US**

3. Date Incorporated or Qualified

**08/12/1994**

3a. Date of Last Report

**05/15/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**59-3259811**

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

**SMITH, JOSEPH W III  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

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: **JOSEPH W Smith, III - Dec**

Signature of officer or printed name of registered agent and title if applicable

(Not for Registered Agent signature required when reinstating)

**1/17/97**

**DATE**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SMITH, JOSEPH W III  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SMITH, BILLIE K  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SMITH, BILLIE K  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
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PANAMA CITY FL 32401**

TITLE  
NAME  
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PANAMA CITY FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SMITH, BILLIE K  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SMITH, BILLIE K  
404 HOLLIS AVE  
PANAMA CITY FL 32401**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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 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:

**JOSEPH W Smith, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/97**

DATE

**(904) 785-0017**

Daytime Phone #

CR2E034 (9/96)