


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 16 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 # **P94000063711 (3)**

1. Corporation Name

W. MICHAEL VINCENT ENTERPRISES, INCORPORATED

Principal Place of Business

**563 BEVILLE RD.
SOUTH DAYTONA FL 32119**

Mailing Address

**P.O. BOX 11162
DAYTONA BEACH FL 32120**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3268128

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 1901 FOGARTY AVE

Suite, Apt. #, etc.

22

City & State

23 Key West, FL

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 PO BOX 4819

Suite, Apt. #, etc.

27

City & State

28 Key West, FL

Zip

29 33041

Country

30 USA

9. Name and Address of Current Registered Agent

**KESSINGER, CHARLES W
541 BEVILLE RD.
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81 Name

Charles W. Kessinger

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

83

409-D MARGARET ST.

84 City

Key West

FL

85 Zip Code

33040

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

P

NAME

**VINCENT, MICHELLE W
4659 GOLDEN APPLES TRAIL
PORT ORANGE FL 32124**

TITLE

VP

NAME

**VINCENT, JEFFREY D
449 WILLOW TREE DR.
MELBOURNE FL 32940**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

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

Pres

**W. MICHAEL VINCENT
409-D MARGARET ST.
KEY WEST, FL 33040**

VP

**CHARLES W. KESSINGER
409-D MARGARET ST.
KEY WEST, FL 33040**

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KEY WEST, FL 33040**

VP

**CHARLES W. KESSINGER
409-D MARGARET ST.
KEY WEST, FL 33040**

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:

W. Michael Vincent

9-10-97

CR2E034 (4/97)