

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 # **PAH-72613**

1. Corporation Name

FOURBEE'S INTERNATIONAL INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**7451-13 103RD STREET
SUITE 32**

SAME AS PRINCIPAL

JACKSONVILLE, FLA. 32210

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SAME AS ABOVE**

27 **SAME**

City & State

City & State

23 **SAME AS ABOVE**

28 **SAME**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10-4-94

8-8-95

4. FEI Number

Applied for

59-3313366

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

McCoy, CLINT

11501 HARTS ROAD, #1006

JACKSONVILLE, FLA. 32218

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 607.062 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

5-16-1996

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**PRESIDENT
McCoy, CLINT L.
11501 HARTS RD.
JACKSONVILLE, FLA. 32218**

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**SENIOR VICE PRESIDENT
CLARK, NATHANIEL
7025 ESTHER ST.
JACKSONVILLE, FL 32210**

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**SECRETARY
BROWN, JUAN S.
5081 SABAL PALM RD.
FERNANDINA BEACH, FLA. 32034**

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**DIRECTOR
CHDBA, DENNIS
P.O. Box 50268 N/A
LUSAKA, ZAMBIA, AFRICA**

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**ASSOCIATE DIRECTOR
SIBILLAMBE, PATRICK
P.O. Box 50268
LUSAKA, ZAMBIA, AFRICA**

TITLE NAME STREET ADDRESS CITY, ST, ZIP

**TREASURER
POWERS, RICHARD
9021 2ND AVE
JACKSONVILLE, FLA. 32208**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-1996

DATE

Signature Title

CR2E034 (12/95)