## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

THUE

NAME

STREET ADDRESS

CHY-ST-ZIP

P94000087417 (9)

**DOCUMENT #** FUNCTIONABILITY UNLIMITED, INC. Principal Place of Business Mailing Address 4870 SOUTHWIND DRIVE 4870 SOUTHWIND DRIVE MULBERRY FL 33860 MULBERRY FL 33860 Date Incorporated or Qualified 12/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MEYLING, KIMBERLY 82 Street Address (P.O. Box Number is Not Acceptable) **4870 SOUTHWIND DRIVE** MULBERRY FL 33860 83 City 85 Zip Code 11. Fursuant 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, typical or printed mank, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIME DELETE 1 1 TITLE ☐ Change ☐ Addition MEYLING, FRED 1.2 NAME 4870 SOUTHWIND DRIVE STREET ADDRESS 1.3 STREET ADDRESS MULBERRY FL 33860 CHY ST ZIP 14 CITY-ST-7IP Dist DELFTE ☐ Change Addition 2.1 TIBE MEYLING, KIMBERLY NAME 2.2 NAME 4870 SOUTHWIND DRIVE STHEET ADDRESS 2 3 STREET ADDRESS MULBERRY FL 33860 COTY-ST-ZIE 2.4 CITY-ST-ZIP DELETE THEF 3 1 TITLE Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS CHY SI-ZP 3.4 CITY - ST-ZIP  $\Pi^* L^{\underline{\mu}}$ DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-7iP 4.4 CITY - ST - ZIP THE DELETE 5 1 TITLE ☐ Change Addition NAM: 5 2 NAME STREET ADDRESS 53 STREET ADDRESS CITY ST ZIP 5 4 CITY - ST - ZIP

64 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 ortify 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. The property of the corporation of 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.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

2-5-98 (941)648-0121 SIGNATURE

CR2E034 (12/95)

Change

Addition