

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 23 PM 4:11

DOCUMENT # P95000002644 (9)

1. Corporation Name

LA MAISONETTE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1324 S FT HARRISON  
CLEARWATER FL 34161

Mailing Address

1324 S FT HARRISON  
CLEARWATER FL 34161

3. Date Incorporated or Qualified  
01/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

26 1324 S Ft Harrison Ave

4. FEI Number  
59-3286707

Applied For

Not Applicable

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22. City & State

28. City & State

Clearwater, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23. Zip

Country

29. Zip

Country

34616

8. This corporation has liability  
for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, MARYBETH  
1324 S FT HARRISON  
CLEARWATER FL 34161

81. Name

Marybeth Flynn

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

1324 S Ft Harrison Ave

83.

84. City

Clearwater

FL

85. Zip Code

34616

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

Marybeth Flynn

Marybeth Flynn

1-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPT  
FLYNN, MARYBETH  
1324 S FT HARRISON  
CLEARWATER FL 34616

TITLE ☐ DELETE

NAME  
DVS  
FLYNN, MARY E  
P O BOX 58281 N/A  
ST PETERSBURG FL 33715

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

FLYNN, MARY E  
PO Box 430780 N/A  
Big Pine Key, FL 33043

600001707326  
-02/06/96--01047--010

\*\*\*\*200.00 \*\*\*\*200.00

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:

Marybeth Flynn

Marybeth Flynn 1-17-96 (813)446-7990

Date

Daytime Phone

CR2E034 (12/95)