

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

DOCUMENT # P95000015131 (2)

1. Corporation Name

CAROLYN SQUIRE, INC.



Principal Place of Business

5920 N.E. 1ST AVENUE
FT. LAUDERDALE FL 33334

Mailing Address

5920 N.E. 1ST AVENUE
FT. LAUDERDALE FL 33334

2. Principal Place of Business

21 3214 Hidden River Rd.

28. Mailing Address

26 3214 Hidden River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

Zip

24 34240

Country

25 USA

27 City & State

28 Sarasota FL

Zip

29 34240

Country

30 USA

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

4. FBI Number

65-0556789

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

SQUIRE, CAROLYN
5920 N.E. 1ST AVENUE
FT. LAUDERDALE FL 33334

only change
of address

10. Name and Address of New Registered Agent

81 Name

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

83 3214 Hidden River Rd.

84 City

Sarasota

FL

85 Zip Code

34240

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

Carolyn Squire

CAROLYN SQUIRE PRESIDENT

4/21/96 error

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President
STREET ADDRESS Carolyn Squire
CITY-ST-ZIP 3214

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

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

12 NAME P
13 STREET ADDRESS Carolyn Squire
14 CITY-ST-ZIP 3214 Hidden River Rd.
Sarasota, FL 34240

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 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:

Carolyn Squire CAROLYN SQUIRE PRESIDENT 4/21/96 (941) 322-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)