

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 # **P95000020577 (9)**

1. Corporation Name

NEW FRONTIER CAMPFIRE, INC.

Principal Place of Business

**19 DONGALLA COURT
JACKSONVILLE FL 32211**

Mailing Address

**19 DONGALLA COURT
JACKSONVILLE FL 32211**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**WOODLIEF, MITCHEL E
225 CHURCH STREET
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

NA

4. FET Number

59-3302868

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOUSEMAN, ANDREW J	
STREET ADDRESS	9761 BRADLEY ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ DELETE
NAME	HOUSEMAN, ROSE V	
STREET ADDRESS	9761 BRADLEY ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ DELETE
NAME	HOUSEMAN, ANDREW A	
STREET ADDRESS	9761 BRADLEY ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ DELETE
NAME	BRANCH, TERRY J	
STREET ADDRESS	1948 LORRIE LYNN LANE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE - PRESIDENT	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	SECRETARY + TREASURER	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	PRESIDENT	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

TITLE	D	☐ DELETE
NAME	DANDRIDGE, CONNIE D	
STREET ADDRESS	1665 EAST ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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: **X**

Rose V. Houseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-14-96 X 904 725-5938
Date and Phone Number

CR2E034 (12/95)