

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000027188 (8)**

1. Corporation Name  
**LOLLIPOP'S OF PASCO, INC.**



Principal Place of Business: **6928 SOUTHWIND DRIVE HUDSON FL 34667**  
Mailing Address: **6928 SOUTHWIND DRIVE HUDSON FL 34667**

2. Principal Place of Business

21 **18329 US 19 N**  
Suite, Apt. #, etc

22 **SUITE A**  
City & State

23 **HUDSON FL**

24 Zip **34667**

25 Country **PASCO**

2a. Mailing Address

26 **18329 US 19 N**  
Suite, Apt. #, etc

27 **SUITE A**  
City & State

28 **HUDSON FL**

29 Zip **34667**

30 Country **PASCO**

3. Date Incorporated or Qualified **04/03/1995** 3a. Date of Last Report

4. FEI Number **59-3308564** 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

10. Name and Address of New Registered Agent

81 Name **JAMES GARRITY ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable) **111 MADISON ST.**  
83 **SUITE 1050**  
84 City **TAMPA** FL 85 Zip Code **33602**

~~WHITNEY, LEONARD P~~  
~~6928 SOUTHWIND DRIVE~~  
~~HUDSON FL 34667~~

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 607.0509, Florida Statutes.

SIGNATURE

Signature of the person filing this report as agent for the corporation

Signature of the person filing this report as registered agent

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DPT WHITNEY, LEONARD P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>6928 SOUTHWIND DRIVE</b>	
STREET ADDRESS	<b>HUDSON FL 34667</b>	
CITY - ST - ZIP		
TITLE	<b>DVS WHITNEY, ROSANNE M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>6928 SOUTHWIND DRIVE</b>	
STREET ADDRESS	<b>HUDSON FL 34667</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TIMOTHY L. CHRISMAN</b>	
1.3 STREET ADDRESS	<b>18329 US 19 N</b>	
1.4 CITY - ST - ZIP	<b>HUDSON FL 34667</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy L. Chrisman* **TIMOTHY L. CHRISMAN** PRESIDENT

4-25-96 813-868-7348

CR2E034 (12/95)