

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 # P95000029145 (6)

1. Corporation Name

PARTY PEOPLE, INC.

Principal Place of Business

858 HANOVER WAY
LAKELAND FL 33813

Mailing Address

858 HANOVER WAY
LAKELAND FL 33813



3. Date Incorporated or Qualified
04/10/1995

3a. Date of Last Report

4. FEI Number

59-3306762

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

2. Principal Place of Business

21 3234 S. FLA AVE

Suite, Apt. #, etc.

22 I

City & State

23 LAKE LAND, FL

Zip

24 33803

Country

25 USA

2a. Mailing Address

26 3234 S. FLORIDA AVE

Suite, Apt. #, etc.

27 I

City & State

28 LAK LAND, FL

Zip

29 33803

Country

30 USA

9. Name and Address of Current Registered Agent

ROSS, ANNE I
858 HANOVER WAY
LAKELAND FL 33813

81 Name
Therese R. Arrington

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

2626 ELIZABETH PL

83

84 City

LAKELAND

FL

85 Zip Code

33813

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: THERESA R. ARRINGTON, VICE PRES. Theresa R. Arrington 4/10/96

Signature typed or printed name of registered agent (if not applicable)

(If the Registered Agent Signature is not handwritten, the signature typed or printed name of registered agent must be typed.)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROSS, ANNE I
STREET ADDRESS 858 HANOVER WAY
CITY - ST - ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME ROSS, LAWRENCE E
STREET ADDRESS 858 HANOVER WAY
CITY - ST - ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME ARRINGTON, THERESA R
STREET ADDRESS 2626 ELIZABETH PLACE
CITY - ST - ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME ARRINGTON, CLINT
STREET ADDRESS 2626 ELIZABETH PLACE
CITY - ST - ZIP LAKELAND FL 33813

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

☐ Change ☐ Addition

1.1 TITLE

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

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: Theresa R. Arrington Theresa R. Arrington 941 647-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)