

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 # P95000029455 (9)

1. Corporation Name  
AUTUMN'S ANCHOR, INC.



Principal Place of Business  
1057 US HWY 92 W  
AUBURDALE FL 33823

Mailing Address  
1057 US HWY 92 W  
AUBURDALE FL 33823

3. Date Incorporated or Qualified 04/11/1995  
3a. Date of Last Report

4. FEI Number 59-3318392  
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

21. Principal Place of Business  
Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country  
30.

9. Name and Address of Current Registered Agent

JOHNSON, LARRY O  
1057 U.S. HIGHWAY 92 WEST  
AUBURDALE FL 33823

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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

Signature typed or printed (Signature of Registered Agent) (If the Registered Agent signature is required, sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LARRY O	1.2 NAME	
STREET ADDRESS	1057 US HWY 92 W	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL 33823	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SANDRA A	2.2 NAME	
STREET ADDRESS	1057 US HWY 92 W	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	200001824122
STREET ADDRESS		4.3 STREET ADDRESS	-05/16/96--01027--026
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ACB
STREET ADDRESS		6.3 STREET ADDRESS	5-1-96
CITY-ST-ZIP		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:

*Sandra A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1996 941-295-9454

CP2E034 (12/95)