FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADORESS

SIGNATURE:

CITY-ST-7/E



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

(96/6)

Addition

Change

4-9-97 (3547995786

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000038661 (1)

FORTNIGHT ENTERPRISES, INC.

Principal Place of Business Mailing Address 2336 VALLEY RIDGE LANE 2336 VALLEY RIDGE LANE **BROOKSVILLE FL 34602** BROOKSVILLE FL 34602-9159 3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1995 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 59-3314152 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🗶 No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name IRVING THEODORE 2336 VALLEY RIDGE LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34602** 83 City Zip Code 85 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THE □ DELETE 1.1 TITLE ☐ Change Addition IRVING, THEODORE NAME 1.2 NAME 2336 VALLEY RIDGE LANE STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34602** 1.4 CITY - ST - ZIP CITY ST 2IF DELETE TITLE 2.1 THILE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition THEE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP C(1Y+\$1-2IF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - 51 - 20F 4.4 CITY - ST - ZIP DELETE THLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CH1Y-ST-20 5.4 CITY - ST - ZIP

DELETE

appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.1 TITLE

6.2 NAME

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6.3 STREET ADDRESS 6.4 City - St - Zip