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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000039179 (3)**

1. Corporation Name

THE BANANA HOUSE, INC.

Principal Place of Business	Mailing Address
4569 TAMIAMI TR PORT CHARLOTTE FL	P.O BOX 2160 PORT CHARLOTTE FL 33949-2160

3. Date Incorporated or Qualified: **05/17/1995**
3a. Date of Last Report:
4. FEI Number: **65-0596875** ☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

KIRBY, CAROL L
2064 DELTA ST
PORT CHARLOTTE FL 33949

10. Name and Address of New Registered Agent

81 Name: COOK, VIRGINIA
82 Street Address (P.O. Box Number is Not Acceptable): 21783 EDGEWATER DR
83
84 City: PORT CHARLOTTE **FL** 85 Zip Code: 33952

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Virginia Cook VIRGINIA COOK PD 4-10-96
(Type or Print Name and Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOK, VIRGINIA 21783 EDGEWATER DR PORT CHARLOTTE FL 33952	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOK, GAIL 23210 OLEAN BLVD PORT CHARLOTTE FL 33980	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD COOK, GAIL 23210 OLEAN BLVD PORT CHARLOTTE FL 33980	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D WINTER, JAMES 23210 OLEAN BLVD PORT CHARLOTTE FL 33980	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: Gail Cook GAIL COOK 4-10-96 (941) 625-7429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #