

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056175 (9)

1. Corporation Name

ARMADILLO PARTNERS, INC.



Principal Place of Business

Mailing Address

7200 GRIFFIN RD.
SUITE 4
DAVIE FL 33314

7200 GRIFFIN RD.
SUITE 4
DAVIE FL 33314

2. Principal Place of Business

21 4614 SW 64TH AVE

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FL

24 33314

Country

25 USA

2a. Mailing Address

26 4614 SW 64TH AVE

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

29 33314

Country

30 USA

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLODFELTER, JAMES R
7200 GRIFFIN RD.
SUITE 4
DAVIE FL 33314

81 Name

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

83 4614 SW 64TH AVE

84

City DAVIE

FL

85 Zip Code
33314

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 name of registered agent or officer if applicable

JAMES R. CLODFELTER

4-25-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
CLODFELTER, JAMES R
STREET ADDRESS
7200 GRIFFIN RD., #4
CITY-ST-ZIP
DAVIE FL 33314

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D/P/S
JAMES R. CLODFELTER
4614 SW 64TH AVE
DAVIE, FL 33314
☒ Change ☐ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. CLODFELTER 4-25-96 792 8999 (301)

CR2E034 (12/95)