

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000058708 (5)

1. Corporation Name

CINDY LOU'S, INC.



Principal Place of Business

Mailing Address

GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702

GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702

2. Principal Place of Business

2a. Mailing Address

21 330 MAIN STREET

26 133 EDGEWATER TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 TERRACE

23 DUNEDIN FL

28 DUNEDIN FL

24 Zip 34698

25 PINELLAS

29 Zip 34698

30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

4. FEI Number

59-3331134

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

MASCARA, ERNEST L  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702

81 Name

CINDY MC KEEVER

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

133 EDGEWATER TERRACE

83

84 City

DUNEDIN

FL

85 Zip Code

34698

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, 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 607.0502, Florida Statutes.

SIGNATURE

Cindy Lou McKeever

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPO  
MASCARA, ERNEST L  
GLADES BLDG., #303, 877 EXEC CNTR DR W  
ST. PETERSBURG FL 33702

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DPVPST  
CINDY LOU MCKEEVER  
133 Edgewater Terrace  
Dunedin, FL 34698

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing was 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 unchanged, or on an addition with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-736-3393

CR2E034 (12/95)