

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

P950000633/19

1. Corporation Name

S & M Enterprises of Lake County, Inc.
P. O. Box 1305
Minneola, FL 34755

Principal Place of Business

Mail Address

Same

Same

2. Principal Place of Business

2a. Mailing Address

21

26

State Address

State Address

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

Michael Groover
1113 N. Galena Avenue
Minneola, FL 34755

3. Date Incorporation or Qualification

6/1994

3a. Date of Last Report

6/20/95

4. FEI Number

59-3219888

Apply for
FEI Number

5. Certificate Status Desired

\$8.75 Additional
Fee Required

6. Election to participate in the
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. Does corporation have liability for intangible tax under s. 190.01,
Florida Statutes? ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of section 190.01, Florida Statutes, the undersigned hereby certifies that the information furnished on this statement for the purpose of checking for registered agent information is true and correct. If the information is not true and correct, the corporation is liable for the penalties and fines provided in section 190.01, Florida Statutes.

SIGNATURE

12.

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

13.

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

800001924718
-08/16/96--01066--015
***225.00

SIGNATURE:

Michael D. Groover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

f-11-96

352-394-5832

CS 8/16/96

CP2EC034 (3/96)