

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065182 (4)

1. Corporation Name

ENOTS INC.



Principal Place of Business

Mailing Address

12 WISTERIA DRIVE
ORMOND BEACH FL 32176

12 WISTERIA DRIVE
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

N.A.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

593332270

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

STONE, FRANK L
12 WISTERIA DRIVE
ORMOND BEACH FL 32196

10. Name and Address of New Registered Agent

81 Name

N.A.

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

83

84 City

FL

85 Zip Code

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

N.A.

Signature typed or printed name of registered agent and the applicant.

(NOTE: Registered Agent's signature required when terminating.)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.T.
FRANK L. Stone
12 WISTERIA DR
ORMOND BEACH, FL. 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NONE other

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
/

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
/

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
/

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
/

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank L. Stone - FRANK L. STONE - 6-17-96 (904) 441-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)