

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 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 REVENUE
Sandra B. Montalvo
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068325 (6)

1. Corporation Name

MOUNT DORA TROLLEY, INC.



Principal Place of Business

Mailing Address

340 DOUGLAS DRIVE
EUSTIS FL 32726

340 DOUGLAS DRIVE
EUSTIS FL 32726

2. Principal Place of Business

21 340 Douglas Dr.

Suite, Apt #, etc.

22

City & State

23 Eustis, FL

24 Zip 32726

Country LAKE

2a. Mailing Address

26 340 Douglas Dr.

Suite, Apt #, etc.

27

City & State

28 Eustis FL

29 Zip 32726

Country LAKE

3. Date incorporated or Qualified

08/30/1995

3a. Date of Last Report

4. FEI Number

59-3361536

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

SHARD, BYRON C
340 DOUGLAS DRIVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

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 607.0505, 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 of officer or director of corporation or registered agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHARD, BYRON
STREET ADDRESS 340 DOUGLAS DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ DELETE

NAME SHARD, DORIS
STREET ADDRESS 340 DOUGLAS DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ DELETE

NAME Cynthia Shard
STREET ADDRESS 340 Douglas Dr.
CITY-ST-ZIP Eustis FL 32726

TITLE ☐ DELETE

NAME Ricardo Jimenez
STREET ADDRESS 340 Douglas Dr.
CITY-ST-ZIP Eustis FL 32726

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE PRESIDENT

12 NAME B. SHARD

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE SECY.

22 NAME DORIS SHARD

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE TREASURER

32 NAME CYNTHIA SHARD

33 STREET ADDRESS 340 Douglas Dr.

34 CITY-ST-ZIP Eustis FL 32726

41 TITLE V-PRES.

42 NAME RICARDO JIMENEZ

43 STREET ADDRESS 340 DOUGLAS DR

44 CITY-ST-ZIP EUSTIS FL 32726

☐ Change ☒ Addition

51 TITLE 800001927578

52 NAME -08/20/96--01163--044

53 STREET ADDRESS ***225.00

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96

352-357-9123