

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082952 (9)
1. Corporation Name

DOWNNS ENNIS, INC.



Principal Place of Business: 2027 16TH ST. NORTH ST. PETERSBURG FL 33704
Mailing Address: 2027 16TH ST. NORTH ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: 10/30/1995
4. FEI Number: 59-3343613
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. 199.03? Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
DOWNNS, MOLLY
2027 16TH ST. NORTH
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS
TITLE: D ENNIS, DANIELLE M 2027 16TH ST. NORTH ST. PETERSBURG FL 33704
TITLE: D ENNIS, MICHAEL J 2027 16TH ST. NORTH ST. PETERSBURG FL 33704
TITLE: D DOWNNS, THOMAS S 2027 16TH ST. NORTH ST. PETERSBURG FL 33704
TITLE: [] DELETE
TITLE: [] DELETE
TITLE: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P/S/D
1.2 NAME: P/S/D
1.3 STREET ADDRESS: P/S/D
1.4 CITY - ST - ZIP: P/S/D
2.1 TITLE: V/D
2.2 NAME: V/D
2.3 STREET ADDRESS: V/D
2.4 CITY - ST - ZIP: V/D
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY - ST - ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY - ST - ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY - ST - ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY - ST - ZIP: [] 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danielle M. Ennis DANIELLE M ENNIS 6/11/96 (813) 821-3219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone #

CR2E034 (3/96)