

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 # P95000085990 (6)

1. Corporation Name

ETHEL MORRIS MEMORIES, INC.



Principal Place of Business

1129 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

Mailing Address

1129 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

4. FEI Number

59-3345638

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 ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LANGLEY, BARBARA J
1129 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

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 607.1508, 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 official agent)

(Signature) Registered Agent Signature (required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LANGLEY, BARBARA J
STREET ADDRESS 1752 ST. TROPEZ COURT
CITY-ST-ZIP KISSIMMEE FL 34744

DELETE ☐

TITLE D
NAME LANGLEY, BURTON
STREET ADDRESS 1752 ST. TROPEZ COURT
CITY-ST-ZIP KISSIMMEE FL 34744

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change ☐ Addition ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐

Addition ☐

Change ☐

Addition ☐

Change ☐

Addition ☐

Change ☐

Addition ☐

Change ☐

Addition ☐

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

SIGNATURE: BARBARA LANGLEY Barbara Langley, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

407-957-0474

Daytime Phone

CR2E034 (12/95)