

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000016745 (7)

1. Corporation Name

JULIE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1299 JULIE LN.  
CHIPLEY FL 32428

1299 JULIE LN.  
CHIPLEY FL 32428-6014



3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Chipley Fdn

Suite, Apt. #, etc.

22 City & State

23 Zip 32428

Country

25 Wash

2a. Mailing Address

26 1299 Julie Ln

Suite, Apt. #, etc.

27 City & State

28 Zip 32428

Country

30 Wash

4. FEI Number

59-3371500

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

HINSON, MARTY O  
1299 JULIE LN.  
CHIPLEY FL 32428

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |                                 |  |
|--------------------|--------------------|---------------------------------|--|
| 1.1 TITLE          | President          | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Marty O Hinson     |                                 |  |
| 1.3 STREET ADDRESS | 1299 Julie Lane    |                                 |  |
| 1.4 CITY-ST-ZIP    | Chipley FL 32428   |                                 |  |
| 2.1 TITLE          | Vice President     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Howard B Tiller Jr |                                 |  |
| 2.3 STREET ADDRESS | 865 Main Street    |                                 |  |
| 2.4 CITY-ST-ZIP    | Chipley FL 32428   |                                 |  |
| 3.1 TITLE          | Sec/Treasurer      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Wanda H. Hinson    |                                 |  |
| 3.3 STREET ADDRESS | 1299 Julie Lane    |                                 |  |
| 3.4 CITY-ST-ZIP    | Chipley FL 32428   |                                 |  |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |                                 |  |
| 4.3 STREET ADDRESS |                    |                                 |  |
| 4.4 CITY-ST-ZIP    |                    |                                 |  |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |                                 |  |
| 5.3 STREET ADDRESS |                    |                                 |  |
| 5.4 CITY-ST-ZIP    |                    |                                 |  |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |                                 |  |
| 6.3 STREET ADDRESS |                    |                                 |  |
| 6.4 CITY-ST-ZIP    |                    |                                 |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marty O Hinson, President

4/14/97

Date

904-638-7460

Daytime Phone #

CR2E034 (9/96)