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FILED  
Aug 19 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 # P96000020398 (9)

1. Corporation Name  
INNES, INC.



Principal Place of Business

3229 S ANOTOLE WAY  
HOMOSASSA FL 34448

Mailing Address

3229 S ANOTOLE WAY  
HOMOSASSA FL 34448-2506

3. Date Incorporated or Qualified  
02/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 3910 S. SUNCOAST BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

4. FEI Number

65-0670250

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

22 City & State

23 HOMOSASSA, FL.

24 Zip

34448

Country

25 CARUS

27 City & State

28

Zip

29 34448

Country

30 USA

9. Name and Address of Current Registered Agent

HUERTA, JORGE R. INNES  
3229 S ANOTOLE WAY  
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name

KAREN A. KRICK

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

3756 S. SPRINGBREEZE WAY

83

84 City

HOMOSASSA

FL

85 Zip Code

34448

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

X

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

7/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D HUERTA, JORGE R INNES  
STREET ADDRESS 3229 S ANOTOLE WAY  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 its 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 change of name is an attachment with an address.

SIGNATURE

CR2E034 (9/96)