

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

FILED

Apr 21 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 # P96000048543 (8)

1. Corporation Name  
HAPPLE LICENSING, INC.



Principal Place of Business  
4580 OVERLOOK DR., NE #294  
ST. PETERSBURG FL 33703

Mailing Address  
4580 OVERLOOK DR., NE #294  
ST. PETERSBURG FL 33703-4365

2. Principal Place of Business Court N.  
21 9745 International  
Suite, Apt. #, etc.

2a. Mailing Address Court N.  
26 9745 International  
Suite, Apt. #, etc.

22 City & State  
23 St. Petersburg, FL

27 City & State  
28 St. Petersburg, FL

24 Zip 33716  
Country USA

29 Zip 33716  
Country USA

3. Date Incorporated or Qualified  
06/04/1996

3a. Date of Last Report

4. FEI Number  
59-3384608

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

10. Name and Address of New Registered Agent

HAPPEL, JAMES  
4580 OVERLOOK DR., NE #294  
ST. PETERSBURG FL 33703

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME Happel, James  
STREET ADDRESS 4580 Overlook Dr., N.E. #294  
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
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

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0373811

CR2E034 (9/96)

4-15-97 8135764100

**Filing Instructions**  
**Corporation Annual Report**  
**1996**

<b>Name:</b>	Happle Licensing, Inc.
<b>Due Date:</b>	May 1, 1996
<b>Remittance:</b>	Include a check in the amount of \$165.00 payable to the Department of State. Write your EID number on your check.
<b>Signature:</b>	The report should be signed and dated by an authorized officer of the corporation.
<b>Mail To:</b>	Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500
<b>Other:</b>	Initial and date the copy, and retain it for your records.