

8-24-97 B 8265 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054677 (5)

1. Corporation Name
VILLA ROSA, INC.

Principal Place of Business
1400 SW 80TH STREET
OCALA FL 34476

Mailing Address
1400 SW 80TH STREET
OCALA FL 34476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1996	3a. Date of Last Report
4. FEI Number 59-3385933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Corrected ✓

2. Principal Place of Business 21 56 SE 1st Ave Suite, Apt. #, etc. 22 #101 City & State 23 Ocala, FL Zip 24 34471 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent WATTS, BARBARA W 1400 SW 80TH STREET OCALA FL 34476	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WATTS, BARBARA W	1.2 NAME	WATTS, BARBARA W.
STREET ADDRESS	1400 SW 80TH STREET	1.3 STREET ADDRESS	8777 SE 72nd AVE
CITY-ST-ZIP	OCALA FL 34476	1.4 CITY-ST-ZIP	Ocala FL 34472
TITLE	D	2.1 TITLE	D
NAME	WATTS, JOHN E	2.2 NAME	WATTS, JOHN E.
STREET ADDRESS	1400 SW 80TH STREET	2.3 STREET ADDRESS	8777 SE 72nd AVE
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	Ocala FL 34472
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ 8/1/97 351/02 9922

CR2E034 (4/97)

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000054677 (5)

1. Corporation Name

VILLA ROSA, INC.



Principal Place of Business

Mailing Address

1400 SW 80TH STREET
OCALA FL 34476

1400 SW 80TH STREET
OCALA FL 34476-7134

3. Date Incorporated or Qualified

06/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 56 SOUTHEAST 1ST AVE

Suite, Apt. #, etc.

22 SUITE # 101

City & State

23 Ocala FLORIDA

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 56 SE 1ST AVE

Suite, Apt. #, etc.

27 SUITE # 101

City & State

28 Ocala FL

Zip

29 34471

Country

30 USA

4. FEI Number

59-3385933

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

WATTS, BARBARA W
1400 SW 80TH STREET
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name

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

56 SE 1ST AVENUE

83

101

84 City

OCALA

FL

85 Zip Code

34471

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WATTS, BARBARA W
STREET ADDRESS 1400 SW 80TH STREET
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ DELETE

D
NAME WATTS, JOHN E
STREET ADDRESS 1400 SW 80TH STREET
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

D
1.2 NAME WATTS, BARBARA W
1.3 STREET ADDRESS 56 SE 1ST AVENUE # 101
1.4 CITY-ST-ZIP Ocala FL 34471

2.1 TITLE ☒ Change ☐ Addition

D
2.2 NAME WATTS, JOHN E
2.3 STREET ADDRESS 56 SE 1ST AVENUE # 101
2.4 CITY-ST-ZIP Ocala FL 34471

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

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SIGNATURE

Barbara Watts

7/1997 352 402 9922

CR2E034 (9/96)