

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

APPROVED
AND
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97 FEB 28 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000059180**

1. Corporation Name:

ROYAL ASSOCIATED ENTERPRISES, INCORPORATED

Principal Place of Business

**3325 DARTMOOR CT.
1322 N. M.L. KING BLVD
TALLAHASSEE, FL 32309**

TALLAHASSEE, FL

2. Principal Place of Business	2a. Mailing Address
21 TALLAHASSEE, FL	26 3325 DARTMOOR CT. 1322 N. M.L. KING BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TALLAHASSEE, FL	28 City & State
24 323121407	29 Zip
25 LEON	30 Country

3. Date Incorporated or Qualified JULY 15, 1996	3a. Date of Last Report —
4. FEI Number 59-3389172	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	

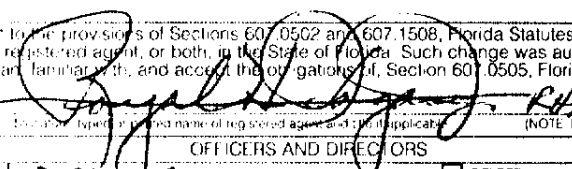
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LOGAN, ROYAL H., JR.	12 NAME	
STREET ADDRESS	3325 DARTMOOR CT	13 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE, FL 32312-1407	14 CITY-STATE-ZIP	
TITLE	DIRECTOR ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LOGAN, FRANCES S.	22 NAME	
STREET ADDRESS	3325 DARTMOOR CT	23 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE, FL 32312-1407	24 CITY-STATE-ZIP	
TITLE	DIRECTOR ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BLAKE, RONDA D.	32 NAME	
STREET ADDRESS	412 DUPONT DRIVE	33 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE, FL 32310	34 CITY-STATE-ZIP	
TITLE	DIRECTOR ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HILTON, OLIVIA B.	42 NAME	
STREET ADDRESS	11493 BRIARLEND COURT	43 STREET ADDRESS	
CITY-STATE-ZIP	STONE MOUNTAIN, GA 30088	44 CITY-STATE-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I, the undersigned, 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 and 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

2/28/97

Date

(904) 224-9928

Daytime Phone #

CR2E034 (9/96)