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Apr 04 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 # P96000069956 (6)

1. Corporation Name
ACORN BAY CORP.

Principal Place of Business

100 E MAIN STREET
LAKELAND FL 33801

Mailing Address

P O BOX 24628
LAKELAND FL 33802-4628



2. Principal Place of Business

21 369 BLANDING BLVD.

Suite, Apt. #, etc.

22 SUITE # 06

City & State

23 ORANGE PARK, FL.

Zip

24 32073

Country

25 U.S.A.

2a. Mailing Address

26 4222 ROLLING OAK DRIVE

Suite, Apt. #, etc.

27

City & State

28 LAKELAND, FL.

Zip

29 33810

Country

30 U.S.A.

3. Date Incorporated or Qualified

08/22/1996

3a. Date of Last Report

4. FEI Number

59-3405209

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

JOHNSON, DENNIS P
100 E MAIN STREET
LAKELAND FL 33802

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 D ☒ DELETE
NAME JOHNSON, DENNIS P
STREET ADDRESS P O BOX 24628 N/A
CITY - ST - ZIP LAKELAND FL 33802

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
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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 P ☐ Change ☒ Addition
1.2 NAME J. L. HOLLON
1.3 STREET ADDRESS 4222 ROLLING OAK DRIVE
1.4 CITY - ST - ZIP LAKELAND, FL. 33810

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME JAMES BECKETT
2.3 STREET ADDRESS 8506 CROSS TIMBERS DR. W.
2.4 CITY - ST - ZIP JACKSONVILLE, FL. 32244

3.1 TITLE T/S ☐ Change ☒ Addition
3.2 NAME CONNIE H. POPE
3.3 STREET ADDRESS 4601 DUFFER LOOP
3.4 CITY - ST - ZIP SEBRING, FL. 33872

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 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: *Connie H. Pope* CONNIE H. POPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97
Date

941/382-4605
Daytime Phone #

CR2E034 (9/96)