

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT 17, 1997 IF THE ANNUAL REPORT IS NOT FILED. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE: \$50.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF  
Sandra  
Secretary  
DIVISION OF CORPORATIONS

FILED  
Sep 25 1997 8:00am  
Secretary of State

DOCUMENT # P96000092211 (7)  
1. Corporation Name  
TODA BLANCA, INC.

Principal Place of Business  
P.O. BOX 1317  
KEY WEST FL 33041

Mailing Address  
P.O. BOX 1317  
KEY WEST FL 33041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9819 SW 19th Ave  
Suite, Apt. #, etc.

22 City & State  
Dunnellon FL

23 Zip Country  
34432 USA

24 34432 25 USA

2a. Mailing Address

26 P.O. Box 2351  
Suite, Apt. #, etc.

27 City & State  
Dunnellon FL

28 Zip Country  
34430 USA

29 34430 30 USA

3. Date Incorporated or Qualified  
11/08/1996

3a. Date of Last Report

4. FEI Number

65-0707057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARPENTER, KERRY A  
LOT 83, SEC. 8  
SUGARLOAF BLVD.  
SUGARLOAF KEY FL 33042

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME CARPENTER, KERRY A  
STREET ADDRESS LOT 83 SECTION 8, SUGARLOAF BLVD.  
CITY-ST-ZIP SUGARLOAF KEY FL 33042

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME KERRY A. Carpenter  
1.3 STREET ADDRESS P.O. Box 2351  
1.4 CITY-ST-ZIP Dunnellon, FL 34430

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: Kerry A. Carpenter 9/1/97 34430

CR2E034 (4/97)