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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **S11064** (0)

1. Corporation Name  
**FORRISTALL ENTERPRISES, INC.**

Principal Place of Business: **2412 HWY 301 N ELLENTON FL 34222**  
Mailing Address: **2412 HWY 301 N ELLENTON FL 34222**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified <b>10/30/1990</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>65-0227771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent <b>FORRISTALL, STEPHEN P. 2412 HWY 301 N ELLENTON FL 34222</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person named as registered agent as of 4/15/95. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>FORRISTALL, STEPHEN</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>9007 60 AVE E.</b>	CITY-STATE-ZIP <b>BRADENTON FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
TITLE <b>VP</b>	NAME <b>FORRISTALL, MARY</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>9007 60 AVE E.</b>	CITY-STATE-ZIP <b>BRADENTON FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the address.

SIGNATURE: *Mary Forristall* **3-10-95** **813-729-8150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #