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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S21511 **DOCUMENT #**

(8)

TREASURE CHEST LONGWOOD/LAKE MARY, INC.

Mailing Address Principal Place of Business 714 SAVAGE COURT 714 SAVAGE COURT LONGWOOD FL 32750 LONGWOOD FL 32750 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1995 12/27/1990 Applied For 4. EEL Number 2a, Mailing Address 2. Principal Place of Business 59-3049163 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GALLO, JAMES 82 714 SAVAGE COURT 83 LONGWOOD FL 32750 Zin Code 85 84 City FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Experience) Agent Equation required when remodality Signature, typed or promotinate of registerist agent and the dispersion ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Add:tion DELETE. 1. 1 TITLE TITLÉ 1.2 NAME **GALLO. JAMES** NAME 714 SAVAGE COURT 1.3 STREET ADDRESS STREET ADDRESS **LONGWOOD FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 HTLF TITLE 22 NAME CARSON, CHARLOTTE NAME 23 STREET ADDRESS 714 SAVAGE COURT STREET ADDRESS LONGWOOD FL 2.4 CI*Y - \$1 - ZiP CITY-\$1-ZIP [7] Change Addition DELETE 3 1 111128 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREE! ADDRESS 3 4 C+TY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4 ' TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 011 Y - ST - ZIF CITY-S!-ZIP Change Addition DELFTE 5 1 TILE TITLE 5.2 NAME NAME 5.3 STREET ACCRESS STREET ADDRESS 5 4 CITY - ST - ZIF CITY-ST-ZIP Change Add:tion DELETE 6 1 TIFLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

E OF SIGNING OFFICER OF DIRECTOR

4/12/96 (407) 332-7544

(12/95) CR2E034