# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S44566 (5)

1. Corporation Name
SUSAN EMILE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 WEST RETTA ESPLANADE<br>PUNTA GORDA FL 33950<br>US | ~~3941 TAMIAMI TRAIL #3123~~<br>~~PUNTA GORDA FL 33950~~<br>~~US~~<br>SAME |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/11/1991 | 3a. Date of Last Report: 04/29/1994 |
| 4. FEI Number: 65-0254136 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1200 West Retta Esplanade | |
| 22 Suite, Apt. #, etc. E-43 | 27 Suite, Apt. #, etc. SAME |
| 23 City & State PUNTA GORDA, FL | 28 City & State |
| 24 Zip 33950 25 Country U.S.A | 29 Zip 30 Country |

9. Name and Address of Current Registered Agent

MCDONALD, JOHN
~~3941 TAMIAMI TRAIL #3123~~
~~PUNTA GORDA FL 33950~~
c/o Countryard Stores
1200 W. Retta Esplanade
Punta Gorda FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 33950
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 JOHN D. MCDONALD PRES John D McDonald FEB 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DVS | 1.1 TITLE | DVS ☐ Change ☐ Addition |
| NAME | MCDONALD, SUSAN | 1.2 NAME | MCDONALD SUSAN |
| STREET ADDRESS | ~~3941 TAMIAMI TRAIL~~ | 1.3 STREET ADDRESS | UNIT E-43 1200 W. RETTA ESPLANADE |
| CITY-ST-ZIP | ~~PUNTA GORA FL~~ | 1.4 CITY-ST-ZIP | PUNTA GORDA FL 33950 |
| TITLE | PTD | 2.1 TITLE | PTD ☐ Change ☐ Addition |
| NAME | ~~MCDONALD, JOHN~~ | 2.2 NAME | MCDONALD JOHN D. |
| STREET ADDRESS | ~~3941 TAMIAMI TRAIL~~ | 2.3 STREET ADDRESS | UNIT E-43 1200 W. RETTA ESPLANADE |
| CITY-ST-ZIP | PUNTA GORA FL | 2.4 CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(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: John D McDonald Pres JOHN D. MCDONALD
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
FEB 15/95 813 639 1095
Date Daytime Phone Number

0336109 CP