

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49645** (2)

1. Corporation Name

MS BOBBYE ENTERPRISE, INC.



Principal Place of Business

**2442 BUTTONBUSH COURT
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 7236
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, DOROTHY M.
990 OLSON ROAD
TALLAHASSEE FL 32308**

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 of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVT
BOBBYE FORD DANIELS**
STREET ADDRESS **2442 BUTTONBUSH COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **SDC
BOBBYE A. FORD**
STREET ADDRESS **1258 SUNSET BLVD., #3E**
CITY-ST-ZIP **JESUP CA**

TITLE ☐ DELETE

NAME **M
BOBBYE A. FORD**
STREET ADDRESS **1258 SUNSET BLVD., #3E**
CITY-ST-ZIP **JESUP CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME **BOBBYE FORD DANIELS**
23 STREET ADDRESS **2442 BUTTONBUSH COURT**
24 CITY-ST-ZIP **TALLAHASSEE FL 32308**

3.1 TITLE ☒ Change ☐ Addition

32 NAME **BOBBYE FORD DANIELS**
33 STREET ADDRESS **2442 BUTTONBUSH COURT**
34 CITY-ST-ZIP **TALLAHASSEE FL 32308**

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 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: **Bobbie Ford Daniels** **BOBBYE FORD DANIELS** 5/6/96 (904)877-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Date of Filing)

CR2E034 (12/95)