

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S53699**

**(2)**

1. Corporation Name  
**LONG'S FAMILY ENTERPRISE, INC.**



Principal Place of Business  
**251 E GRANDA BLVD  
ORMOND BEACH FL 32176**

Mailing Address  
**251 E GRANDA BLVD  
ORMOND BEACH FL 32176-6632**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**05/17/1991**

3a. Date of Last Report  
**03/14/1996**

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number  
**59-3074908**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24. 25. Country

29. 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, ROSCOE M  
251 E GRANDADA BLVD  
ORMOND BEACH FL 32176**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 Director and the filer) (NOTE: Registered Agent's signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D  
LONG, ROSCOE M  
2909 RIVER POINT DRIVE  
DAYTONA BCH FL**

DELETE

11 TITLE

Change  Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE

**D  
LONG, CAROLE L A  
2909 RIVER POINT DRIVE  
DAYTONA BCH FL**

DELETE

21 TITLE

Change  Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE

DELETE

31 TITLE

Change  Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE

DELETE

41 TITLE

Change  Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE

DELETE

51 TITLE

Change  Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE

DELETE

61 TITLE

Change  Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 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 included 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*2/18/97*

CR2E034 (9/96)