

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 # **S57884** (6)

1. Corporation Name

F.S.L.B. ENTERPRISES, INC.



Principal Place of Business

**715 W. SR 434
S-K
LONGWOOD FL 32750
US**

Mailing Address

**715 W. SR 434
S-K
LONGWOOD FL 32750
US**

2. Principal Place of Business

2a. Mailing Address

21 1000 112th Cir. N.

26 1000 112th Cir. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1400

27 Suite 1400

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33716

25 US

29 33716

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/03/1991

3a. Date of Last Report

02/21/1995

4. FEI Number

59-3068184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

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

JOHNSON, HAROLD

715 W. SR. 434

S-K

LONGWOOD FL 32750

81 Name

Charles W. Nobbe

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

1000 112th Circle N.,

83

Suite 1400

84 City

St. Petersburg

FL

85 Zip Code

33716

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 **Charles W. Nobbe, President**

4/9/96

Signature typed or printed name of registered agent (if not a corporation)

(NOTE: Registered Agent signature required with this filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
JOHNSON, HAROLD
2740 CONNIE CIR
ORANGE PARK FL**

TITLE ☒ DELETE

**SD
ROSSANO, ELEANOR
2740 CONNIE CIR
ORANGE PARK FL**

TITLE ☒ DELETE

**D
ROSSANO, JEAN A.
2740 CONNIE CIR
ORANGE PARK FL**

TITLE ☒ DELETE

**D
ROSSANO, MARC
2740 CONNIE CIR
ORANGE PARK FL**

TITLE ☒ DELETE

**VD
AKINS, BARBARA
7000 JEWEL ST
FRUITLAND PARK FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Nobbe, Charles W.

**4830 Osprey Dr. S. #504
St. Petersburg, FL 33711**

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SIGNATURE: **Charles W. Nobbe, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 813-576-0220

Date

Daytime Phone

CR2E034 (12/95)