FILED

DOCUMENT # S57886 (1)

1. Corporation Name

F.S.O. ENTERPRISES, INC.

95 APR 19 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
715 SAN LANDO SPRINGS DR. S-K LONGWOOD FL 32750	715 SAN LANDO SPRINGS DR. S-K LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 715 W. S.R. 434	26 715 W. S.R. 434
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3068183 (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

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

9. Name and Address of Current Registered Agent

JOHNSON, HAROLD
715 SAN LANDO SPRINGS DR.
S-K
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 715 W. S.R. 434
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, HAROLD O.	1.2 NAME		
STREET ADDRESS	715 W. SANLANDO SPRINGS DR.	1.3 STREET ADDRESS	2740 CONNIE CIR	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	ROSSANO, ELEANOR E.	2.2 NAME		
STREET ADDRESS	715 W. SANLANDO SPRINGS DR.	2.3 STREET ADDRESS	2740 CONNIE CIR	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	ROSSANO, JEAN A.	3.2 NAME		
STREET ADDRESS	715 SAN LANDO SPRINGS DR	3.3 STREET ADDRESS	2740 CONNIE CIR	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	ROSSANO, MARC	4.2 NAME		
STREET ADDRESS	715 SAN LANDO SPRINGS DR	4.3 STREET ADDRESS	2740 CONNIE CIR	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
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 added to the report with an address.

SIGNATURE: _____ 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414000 FP