

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-2796 B

1580  
(2)

NC

DOCUMENT # S79784

1. Corporation Name

ROYALPARK, INC.



Principal Place of Business

308 COCOANUT AVE.  
STE B-1  
SARASOTA FL 34236  
US

Mailing Address

308 COCOANUT AVE.  
STE B-1  
SARASOTA FL 34236  
US

3. Date Incorporated or Qualified  
09/12/1991

3a. Date of Last Report  
08/11/1995

4. FEI Number  
65-0286450

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILBRAHAM, IAN  
7125 FRUITVILLE RD.  
SARASOTA FL 34240

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 607.0302 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 person performing duties of registered agent

Signature of Registered Agent (Signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

7. TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

SIGNATURE

SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 addendum with an address.

SIGNATURE I. H. WILBRAHAM 2/21/96 (941) 955-8802

CR2E034 (12/95)