

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S82579** (1)

1. Corporation Name

BEST SECRETARIAL, INC.



Principal Place of Business

**926 GREAT POND DR
ALTAMONTE SPRINGS FL 32714-7244
US**

Mailing Address

**926 GREAT POND DR
ALTAMONTE SPRINGS FL 32714-7244
US**

2. Principal Place of Business

21 133 Sagewood Court
Suite, Apt. #, etc.

22
City & State

23 Apopka, FL 32703
Zip Country

24

2a. Mailing Address

25 133 Sagewood Court
Suite, Apt. #, etc.

27
City & State

28 Apopka, FL 32703
Zip Country

29

9. Name and Address of Current Registered Agent

**BEST, CAROL L.
926 GREAT POND DR
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
09/24/1991

3a. Date of Last Report
03/03/1995

4. FEI Number

59-3083488

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

10. Name and Address of New Registered Agent

81 Name

Carol Best

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

133 Sagewood Court

83

84 City

Apopka,

FL

85 Zip Code

32703

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

Carol L. Best, Vice President

4/26/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BEST, ROLAND W**
STREET ADDRESS **113 SAGEWOOD CRT**
CITY-ST-ZIP **APOPKA FL**

TITLE **VP** ☐ DELETE

NAME **BEST, CAROL L**
STREET ADDRESS **113 SAGEWOOD CRT**
CITY-ST-ZIP **APOPKA FL**

TITLE **ST** ☒ DELETE

NAME **BEST, CAROL L**
STREET ADDRESS **113 SAGEWOOD CRT**
CITY-ST-ZIP **APOPKA FL**

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 **P** ☒ Change ☐ Addition

1.2 NAME **Roland W. Best**
1.3 STREET ADDRESS **133 Sagewood Ct.**
1.4 CITY-ST-ZIP **Apopka, FL**

2.1 TITLE **VP, D** ☒ Change ☐ Addition

2.2 NAME **Carol L. Best**
2.3 STREET ADDRESS **133 Sagewood Ct.**
2.4 CITY-ST-ZIP **Apopka**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

Carol L. Best

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

774-5226

DAYTIME PHONE #

CR2E034 (12/95)