

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 # **V02374** (9)

1. Corporation Name

**CONCH HOUSE ENTERPRISES, INC.**



Principal Place of Business

**5167 REDBIRD ROAD  
ST. AUGUSTINE FL 32084**

Mailing Address

**5167 REDBIRD ROAD  
ST. AUGUSTINE FL 32084**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PONCE, DAVID M.  
1567 REDBIRD ROAD  
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified

**12/23/1991**

3a. Date of Last Report

**11/16/1995**

4. FEI Number

**59-3117244**

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

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of new agent and date of filing

Signature, typed or printed name of registered agent and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**P**  
**DAVID M. PONCE**  
**5167 REDBIRD RD.**  
**ST. AUGUSTINE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**V**  
**SANDRA R. PONCE**  
**5167 REDBIRD RD**  
**ST. AUGUSTINE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**V**  
**JAMES A. PONCE, JR.**  
**57 COMARES AVE.**  
**ST. AUGUSTINE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**ST**  
**JACQUELINE S. PONCE**  
**57 COMARES AVE.**  
**ST. AUGUSTINE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

10. TITLE NAME STREET ADDRESS 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-96** **904/829-8646**

Date

Daytime Phone #

CR2E034 (12/95)