

**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 # V02392 (1)**

1. Corporation Name

**WILLIAM A. LUPTON, INC.**



Principal Place of Business

Mailing Address

**1053 MANOR DR  
PALM SPRINGS FL 33461**

**1053 MANOR DR  
PALM SPRINGS FL 33461**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/26/1991**

3a. Date of Last Report  
**03/08/1995**

4. FEI Number  
**65-0303066**

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

**LUPTON, WILLIAM A.  
1053 MANOR DR  
PALM SPRINGS FL 33461**

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 607.1508, 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 the person named as registered agent (and the corporation, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE  
NAME **D LUPTON, WILLIAM A.**  
STREET ADDRESS **1053 MANOR DR**  
CITY-ST-ZIP **PALM SPRINGS FL**  
2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3. TITLE ☐ DELETE  
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CITY-ST-ZIP  
6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP  
21. TITLE ☐ Change ☐ Addition  
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24. CITY-ST-ZIP  
25. TITLE ☐ Change ☐ Addition  
26. NAME  
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89. TITLE ☐ Change ☐ Addition  
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92. CITY-ST-ZIP  
93. TITLE ☐ Change ☐ Addition  
94. NAME  
95. STREET ADDRESS  
96. CITY-ST-ZIP  
97. TITLE ☐ Change ☐ Addition  
98. NAME  
99. STREET ADDRESS  
100. 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:**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/96 407-642-0770**  
Date Daytime Phone

CR2E034 (12/95)