

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V36473** (9)

1. Corporation Name

THE CARTRIDGE EXCHANGE, INC.



Principal Place of Business

**3528 TWISTED OAK CT
LAKE WALES FL 33853**

Mailing Address

**3528 TWISTED OAK CT
LAKE WALES FL 33853**

3. Date Incorporated or Qualified
05/14/1992

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **1015 University Blvd**

4. FEI Number
59-3134373

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

25 **32817** 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, MARY H.
3528 TWISTED OAK CT
LAKE WALES FL 33853**

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 607.0503, Florida Statutes.

SIGNATURE

Mary H. White

(Signature typed or printed in block letters)

(NOTE: Registered Agent to indicate expiration of registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WHITE, MARY H.**
STREET ADDRESS **3528 TWISTED OAK CT**
CITY-STATE-ZIP **LAKE WALES FL**

TITLE ☒ DELETE
NAME **D WHITE, DAVID E.**
STREET ADDRESS **3528 TWISTED OAK CT**
CITY-STATE-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME **D WATSON, KIMBERLY A.**
STREET ADDRESS **2905 ERSKINE DR**
CITY-STATE-ZIP **OVIEDO FL**

TITLE ☒ DELETE
NAME **D WATSON, TIMOTHY A.**
STREET ADDRESS **2905 ERSKINE DR**
CITY-STATE-ZIP **OVIEDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

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 attachment with an address

SIGNATURE:

Mary H. White

(Signature typed or printed in block letters)

4/18/96

(407) 366-7335

Date and Phone

CR2E034 (12/95)