

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 # **V57202** (6)

1. Corporation Name

ALL THINGS ARE POSSIBLE, INC.



Principal Place of Business

**212 STATE ROAD 312
ST. AUGUSTINE FL 32086**

Mailing Address

**212 STATE ROAD 312
ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified

08/10/1992

3a. Date of Last Report

01/17/1995

4. FEI Number

59-3137657

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

21 80 CHEROKEE ST.

Suite, Apt. #, etc.

22

City & State

23 ST. AUGUSTINE, FL

Zip

24 32086

Country

25 U.S.A

2a. Mailing Address

26 80 CHEROKEE ST.

Suite, Apt. #, etc.

27

City & State

28 ST. AUGUSTINE, FL

Zip

29 32086

Country

30 U.S.A

9. Name and Address of Current Registered Agent

**BARNES, BRUCE
212 STATE ROAD 312
ST. AUGUSTINE FL 32086**

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 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Printed Name of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BARNES, BRUCE	
STREET ADDRESS	80 CHEROKEE STREET	
CITY-STATE-ZIP	ST. AUGUSTINE FL	
TITLE	DST	☐ DELETE
NAME	BARNES, CAROL	
STREET ADDRESS	80 CHEROKEE STREET	
CITY-STATE-ZIP	ST. AUGUSTINE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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:

Carol L. Barnes CAROL L. BARNES

1/17/96

904-
829-5592

CR2E034 (12/95)