

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66914**

(5)

1. Corporation Name

ANN DEKAY, INC.



Principal Place of Business

**916 PENMAN RD
JACKSONVILLE BEACH FL 32250
US**

Mailing Address

**916 PENMAN RD
JACKSONVILLE BEACH FL 32250
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**DEKAY, ANN
916 PERMAN RD
JACKSONVILLE FL 32250**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/28/1992

3a. Date of Last Report
06/19/1995

4. FET Number

59-3143887

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. 193.032
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 607.04(2) and 607.15(8), Florida Statutes, the above named corporation's agents has 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. Thereby accept the appointment as registered agent; I am familiar with, and accept the obligations of, Section 607.04(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PST
DEKAY, ANN
916 PENMAN RD
JACKSONVILLE BEACH FL**

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
DEKAY, ANN
916 PENMAN RD
JACKSONVILLE BEACH FL**

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

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 biennial 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:

Ann DeKay Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN DEKAY EVANS

April 6, 1996 (904) 358-1615
Date & Phone #

CR2E034 (12/95)