

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 # **V70608**

(7)

1. Corporation Name

S & F INNOVATIONS, INC.

Principal Place of Business

12121 LITTLE RD
P. O. BOX 298
HUDSON FL 34667

Mailing Address

12121 LITTLE RD
P. O. BOX 298
HUDSON FL 34667



3. Date Incorporated or Qualified

10/06/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3130471

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

2. Principal Place of Business

21 1602 3rd Avenue

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33605

Country

25 USA

2a. Mailing Address

26 1602 3rd Avenue

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33605

Country

30 USA

9. Name and Address of Current Registered Agent

SHIRE, WILLIAM
12121 LITTLE RD
HUDSON FL 34667

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 typed or printed name of registered agent and then applicant

(NOTE: Registered Agent must be registered with the filing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHIRE, WILLIAM
STREET ADDRESS 12121 LITTLE RD
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE D
NAME SHIRE, JULIE
STREET ADDRESS 12121 LITTLE RD
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE CP
NAME OLIVER, JOSEPH
STREET ADDRESS 12121 LITTLE ROAD
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

William Shire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)