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 # **L41562** **(4)**

1. Corporation Name
IN THE COMPANY OF ANNIE, INC.

Principal Place of Business
4809 PALM AIRE DR
SARASOTA FL 34243
US

Mailing Address
4809 PALM AIRE DR
SARASOTA FL 34243
US

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 06/09/1995

2. Principal Place of Business
21 P.O. BOX 1999
22 Suite, Apt. #, etc: 13541 S.E. 115th Ave.
23 City, State: Ocklawaha, FL
24 Zip: 32179
25 Country: USA

2a. Mailing Address
26 P.O. BOX 1999
27 Suite, Apt. #, etc: 13541 S.E. 115th Ave
28 City, State: Ocklawaha, FL
29 Zip: 32179
30 Country: USA

4. FEI Number: 59-2800339 — 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

9. Name and Address of Current Registered Agent
LAZEAR, ANN
4809 PALM AIRE DR
SUITE 104
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name: THOMAS L. HALL, JR
82 Street Address (P.O. Box Number is Not Acceptable): 13541 S.E. 115th Ave.
83
84 City: Ocklawaha FL 85 Zip Code: 32179

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: THOMAS L. HALL, JR, VICE PRESIDENT — Thomas L. Hall — 2/1/96 (Date)
Signature of Officer or Director / Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LAZEAR, ANN, N	
STREET ADDRESS	4809 PALM AIRE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT V.P.	☐ Change ☒ Addition
1.2 NAME	THOMAS L. HALL JR	
1.3 STREET ADDRESS	P.O. BOX 1999, 13541 S.E. 115th Ave.	
1.4 CITY-ST-ZIP	Ocklawaha, FL 32179	
2.1 TITLE	PRESIDENT P	☒ Change ☐ Addition
2.2 NAME	LAZEAR-HALL, ANN N.	
2.3 STREET ADDRESS	P.O. BOX 1999, 13541 S.E. 115th Ave.	
2.4 CITY-ST-ZIP	Ocklawaha, FL 32179	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: THOMAS L. HALL, JR, Vice Pres. — Thomas L. Hall — 2/1/96 (Date) — 352-288-0300 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR