

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 # **S21149** (7)

1. Corporation Name

GRANNY NANNIES OF NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 940248
MAITLAND FL 32794-0248

P.O. BOX 940248
MAITLAND FL 32794-0248

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HODGSON, ROBERT D.
893 COOPERFIELD TERR.
CASSELBERRY FL 32707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

282 Eaglet Way

83

84 City **Lake Mary**

FL

85 Zip Code **32746**

3. Date Incorporated or Qualified

12/20/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3048097

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

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 applicable

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HODGSON, WILLIAM E., JR.**
CITY-ST-ZIP **30 FAITH DR
HAMPSTEAD NH**

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **HODGSON, MARILYN J**
CITY-ST-ZIP **30 FAITH DR
HAMPSTEAD NH**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **HODGSON, ROBERT D.**
CITY-ST-ZIP **893 COOPERFIELD TERR
CASSELBERRY FL**

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **HODGSON, KIRSTEN A.**
CITY-ST-ZIP **893 COOPERFIELD TERR.
CASSELBERRY FL**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **HODGSON, GARY L**
CITY-ST-ZIP **893 COOPERFIELD TER.
CASSELBERRY FL**

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **HODGSON, LARA L**
CITY-ST-ZIP **893 COOPERFIELD TER.
CASSELBERRY FL**

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 **DC T** ☒ Change ☐ Addition
2.2 NAME **HODGSON, MARILYN J.**
2.3 STREET ADDRESS **30 FAITH DR**
2.4 CITY-ST-ZIP **HAMPSTEAD, NH**

3.1 TITLE **DP** ☒ Change ☐ Addition
3.2 NAME **HODGSON, ROBERT D.**
3.3 STREET ADDRESS **282 EAGLET WAY**
3.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

4.1 TITLE **DVS** ☒ Change ☐ Addition
4.2 NAME **HODGSON, KIRSTEN A**
4.3 STREET ADDRESS **282 EAGLET WAY**
4.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

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

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:

Kirsten A. Hodgson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.96

407-682-7758

DATE

Daytime Phone #

CP2E034 (12/95)