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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:58

DOCUMENT # 302306

(6)

1. Corporation Name

INA'S ANTIQUES, INC

Principal Place of Business

3572 ST JOHN'S AVENUE
JACKSONVILLE FL 32205

Mailing Address

3572 ST JOHN'S AVENUE
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1986

3a. Date of Last Report

02/17/1994

4. FEI Number

50-1117986

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

MOWRY, MARY K.
3638 HEDRICK ST.
JACKSONVILLE FL 32205

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
MOWRY, MARY K
3638 HEDRICK ST
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
COLLIER, THERESA MOWRY
4737 KING RICHARD RD
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MOWRY, MELANIE
4908 HEATH DRIVE
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MOMILOVICH, KATHRYN M.
26 SHAWNEE WAY
STAFFORD VA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MOWRY, LAURA
1444 ROGERS STREET
CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MOWRY, HENRY P.
3638 HEDRICK STREET
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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 110.07(3)(b), 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 the 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: *Mary K. Mowry* MARY K. MOWRY 33045 904-387-1379
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date