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 # **302306** **(6)**

1. Corporation Name

INA'S ANTIQUES, INC

Principal Place of Business

3572 ST JOHNS AVENUE
JACKSONVILLE FL 32205

Mailing Address

3572 ST JOHNS AVENUE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: **02/24/1966**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1117986** ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 617.0202 and 617.1605, 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 (Registered Agent's signature required if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MOWRY, MARY K		12 NAME	
STREET ADDRESS	3638 HEDRICK ST		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COLLIER, THERESA MOWRY		22 NAME	
STREET ADDRESS	4737 KING RICHARD RD		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MOWRY, MELANIE		32 NAME	
STREET ADDRESS	4908 HEATH DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MOMCILOVICH, KATHRYN M.		42 NAME	
STREET ADDRESS	26 SHAWNEE WAY		43 STREET ADDRESS	
CITY-ST-ZIP	STAFFORD VA		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MOWRY, LAURA		52 NAME	
STREET ADDRESS	1444 ROGERS STREET		53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	MOWRY, HENRY P.		62 NAME	
STREET ADDRESS	3638 HEDRICK STREET		63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added to this report.

SIGNATURE: Mary K. Mowry MARY K. MOWRY Feb 26, 1996 904 387 1379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)