

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32205-8448



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

3. Date Incorporated or Qualified

02/24/1966

3a. Date of Last Report

02/29/1996

4. FEI Number

59-1117986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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 authorized with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Mary K. Mowry President

Feb 24, 1997

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | MOWRY, MARY K | |
| STREET ADDRESS | 3638 HEDRICK ST | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COLLIER, THERESA MOWRY | |
| STREET ADDRESS | 4737 KING RICHARD RD | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | DEYTER | <input type="checkbox"/> DELETE |
| NAME | MOWRY, MELANIE | |
| STREET ADDRESS | 4908 HEATH DRIVE | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOMCILOVICH, KATHRYN M | |
| STREET ADDRESS | 26 CHAWNEE WAY | |
| CITY - ST - ZIP | STAFFORD VA | |
| TITLE | D WATT | <input type="checkbox"/> DELETE |
| NAME | MOWRY, LAURA | |
| STREET ADDRESS | 1444 ROGERS STREET | |
| CITY - ST - ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOWRY, HENRY P. | |
| STREET ADDRESS | 3638 HEDRICK STREET | |
| CITY - ST - ZIP | JACKSONVILLE FL | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. I changed, or on an attachment with an address.

SIGNATURE:

Mary K. Mowry President 2-24-97 904 387-1379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)