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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 302306

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1966

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
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary K. Mowry* MARY K. MOWRY PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

JAN 26, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME MOWRY, MARY K
STREET ADDRESS 3638 HEDRICK ST
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME COLLIER, THERESA MOWRY
STREET ADDRESS 4737 KING RICHARD RD
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ETTERS, MELANIE M
STREET ADDRESS 3506 DUNDALK DRIVE
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MOMCILOVICH, KATHRYN M.
STREET ADDRESS 3638 HEDRICK ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MOWRY, LAURA
STREET ADDRESS 1444 ROGERS STREET
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MOWRY, HENRY P.
STREET ADDRESS 61 EAST COAST DRIVE
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary K. Mowry* MARY K. MOWRY President JAN 26, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)