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FILED

Mar 18 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 # 401678

(8)

1. Corporation Name

ANTIQUES UNLIMITED, INC.

Principal Place of Business

800 JAMES ST  
JACKSONVILLE FL 32205  
US

Mailing Address

800 JAMES ST  
JACKSONVILLE FL 32205-7433  
US

3. Date Incorporated or Qualified

05/22/1972

3a. Date of Last Report

03/20/1996

4. FEI Number

59-1396024

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. State, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

MILTON, DAVID F.  
1790 PINEGROVE AVENUE  
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

(If the corporation is not a limited liability company, delete the word "company" and insert "corporation".)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY- ST- ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY- ST- ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY- ST- ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY- ST- ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY- ST- ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY- ST- ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY- ST- ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY- ST- ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY- ST- ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY- ST- ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY- ST- ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY- ST- ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY- ST- ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY- ST- ZIP

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 contained 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 or changed, or on an attachment with an address.

SIGNATURE:

*Patricia O. Milton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000519

CR2E034 (9/96)