

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:44

DOCUMENT # 580329 (1)

1. Corporation Name
LA BOUTIQUE OF BROOKSVILLE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1397 KASS CIRCLE
BROOKSVILLE FL 34601
US** **19379 W FT DADE AVE
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/01/1978 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **26** **59-1835814** Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
22 Suite, Apt. #, etc. **27** City, Apt. #, etc.

6. Election Campaign Financing \$5.00 May Be Added to Fees
23 City & State **28** City & State

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**PEYTON, MARY R.
19379 W FT DADE AVE
BROOKSVILLE FL 34601**

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 (Type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reselecting DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEYTON, MARY R.	12 NAME	
STREET ADDRESS	19379 W FT DADE AVE	13 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	14 CITY - ST - ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEYTON, BARRY CHERYL	22 NAME	
STREET ADDRESS	5126 BEACHVIEW DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 119.07(3)(k), 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.

SIGNATURE: *Mary R. Peyton* *4/4/95* *14-10-95*
Mary R. Peyton Date (Expires Next 2)