

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 21 AM 9:20

DOCUMENT # 642595

(3)

1. Corporation Name

VILLAGE ANTIQUES, INC.

Principal Place of Business

**101 E KENNEDY BLVD
SUITE 1000, BARNETT PLAZA (PO BOX 1363)
TAMPA FL 33601**

Mailing Address

**101 E KENNEDY BLVD
SUITE 1000, BARNETT PLAZA (PO BOX 1363)
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1979

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1956363

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD
STE 1000
TAMPA FL 33601**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE
PD
11.2 NAME
MORAN, SHERIDAN J.
11.3 STREET ADDRESS
4114 CARROLLWOOD VILL DR
11.4 CITY - ST - ZIP
TAMPA FL

11.5 TITLE
ST
11.6 NAME
MORAN, NANCY M.
11.7 STREET ADDRESS
4114 CARROLLWOOD VILL DR
11.8 CITY - ST - ZIP
TAMPA FL

11.9 TITLE
11.10 NAME
11.11 STREET ADDRESS
11.12 CITY - ST - ZIP

11.13 TITLE
11.14 NAME
11.15 STREET ADDRESS
11.16 CITY - ST - ZIP

11.17 TITLE
11.18 NAME
11.19 STREET ADDRESS
11.20 CITY - ST - ZIP

11.21 TITLE
11.22 NAME
11.23 STREET ADDRESS
11.24 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

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 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)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 change is, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Feb 95 8:3839 1761