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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90139 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 696870

1. Corporation Name
SUGAR PLUM OF AMELIA ISLAND, INC.

Principal Place of Business: **VILLAGE SHOPS. VILLA #2
AMELIA ISLAND FL 32034**
Mailing Address: **VILLAGE SHOPS. VILLA #2
AMELIA ISLAND FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1981

4. FEI Number

59-2109267

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

JACOBS, ARTHUR I.
904 ATLANTIC AVENUE, P.O. DRAWER I
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

KOLAR, Eric S.

82 Street Address (P.O. Box Number is Not Acceptable)

1830 Atlantic Boulevard

83

Jacksonville, Fla. 32207

84 City

904/396 0009

FL

85 Zip Code

32207

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **KOLAR, JANET**
STREET ADDRESS **36 SEA MARSH**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **SD** ☐ DELETE
NAME **KOLAR, RON**
STREET ADDRESS **36 SEA MARSH**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **VD** ☐ DELETE
NAME **FITZGERALD, JANE**
STREET ADDRESS **325 BRENTWOOD DRIVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-2-99

84-261 2671

CR2E034 (11/98)