

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90136 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F58192

1. Corporation Name  
MIS' GINNY'S, INC.

Principal Place of Business  
1502 N PARSONS AVE.  
BRANDON FL 33510  
US

Mailing Address  
2850 SE 36TH ST  
OCALA FL 34471  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/07/1981

4. FEI Number  
59-2140906

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HARRELSON, ALBERT RAY  
2850 SE 36TH ST  
OCALA FL 34471

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 607.0605, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NO FE. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HARRELSON, ALBERT RAY  
STREET ADDRESS 2850 SE 36TH ST  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME HARRELSON, VIRGNIA  
STREET ADDRESS 2850 SE 36TH ST  
CITY-ST-ZIP Ocala FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 5112 SOUTH POINTE DR  
1.4 CITY-ST-ZIP INVERNESS, FL 34450

2.1 TITLE Change ☒ Addition ☐  
2.2 NAME  
2.3 STREET ADDRESS 5112 SOUTH POINTE DR  
2.4 CITY-ST-ZIP INVERNESS, FL 34450

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 typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)