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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F94000004817

1. Corporation Name

SEASONAL CONCEPTS, INC.

<b>\</b>	· · · · · · · · · · · · · · · · · · ·	
Principal Place of Business	Mailing Address	
975 NATHAN LANE	975 NATHAN LANE	
DI MADUETI I MINI ECAM	DI VIACNITU AIN ESAM	

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90059 018 \*\*\*150.00

975 NATHA PLYMOUTH		PLYMOUTH MN 55441						T. 110 00405	•
—· <del>· · · · · · · · · · · · · · · · · · </del>				_	<del></del>	09/16/1994	 OF ELIGNATON OC	1719187258 <u>175</u>	
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number 103		Ap	plied For
	5-NATHAN LN	26 . SAME				41-0871928		No	Applicable
Suite, Apt		Suite, Apt. #_etc.				5. Certificate of Status	Desired	\$8.75 △	dditional
22	•	27				5. Certificate of Status	Desired []	Fee Re	quired
City & Sta	ine Imagth, mN	City & State			•	Election Campaign  Trust Fund Contribu	- 11	\$5,00 Added to	
Zio	Country	Zip	Соцп	try		8. This corporation ow		Intangible	
Z4 55	+ <b>,</b>	<u> </u>	30	•		Personal Property T	•	☐Yes	□No
	9. Name and Address of Current	<u>.,</u>	1			10. Name and Address		ed Agent	
				81	Name			•	
	N SERVICES, INC.		- 1	82	Stroot Add	ress (P.O. Box Number is N	lot Accentable)		
	EAST PARK AVENUE		}	[2	Olice: Addi	1033 (1 .O. DOX 1401110C1 13 14			
TAL	LAHASSEE FL 32301			83					
			ŀ	84	City		<del></del>	85 Zip C	ode.
			- 1	(۳	City .		F		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A		signature require	d when reinstating)	DATE	AND DIRECTO	DC IN 12
12	OFFICERS ANI	D DIRECTORS  DELETE	13.		——————————————————————————————————————	ADDITIONS/CHANG	ES TO OFFICERS	T] Change	Addition
TITLE	CTULADAY SAADIGALC	XI DELETE	1.1 TITE		E	ور ساست سیاست	ر الت م		, , ,
NAME	STILLMAN, MARVIN S		1.2 NA			todd Swilfr 915 nathan La	7		Į
STREET ADDRESS	A Company of the Comp					•			ļ
CITY-ST-ZIP	PLYMOUTH MN	☐ DELETE	1,4 CIT	_	·ZIP   I <sup>D</sup>	Lymouth, mN	55441	Change	☐ Addition
TITLE	S& EXEL V.P.	LI DELETE	2.1 TITLE 2.2 NAME		-   -			- onlange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME					ADDRESS				
STREET ADDRESS	7								' {
CITY-ST-ZIP	T T	☐ DELETE	2.4 CITY 3.1 TITLE		1-212	<del></del>	<del></del>	☐ Change	Addition
TITLE NAME	ROLAND, RANDON Q		3.2 NA		,				_
STREET ADDRESS	070 4147 1144 1 4117				ADDRESS				-
	PLYMOPUTH MN		3.4. CIT						
CITY-ST-ZIP	I LIMOI OIII WIII								
NAME		☐ DELETE	4.1 TITL	Æ	1			☐ Change	Addition
IAAUL	1	☐ DELETE	4.1 TITU					☐ Change	Addition
STOFFT ANNUAS		☐ DELETE	4.1 TITU 4.2 NA	ME	ADDRESS			☐ Change	☐ Addition
STREET ADDRESS	s.	☐ DELETE	4.1 TITU 4.2 NA 4.3 STF	me Reet	ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5	☐ DELETE	4.1 TITU 4.2 NA	ME REET Y-ST	ſ			☐ Change	☐ Addition

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 on the receiver of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an adverses, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

SIGNATURE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

04-26-79 612-546-8887

☐ Change

☐ Addition