

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 1 1996

DOCUMENT # **G03314** (3)

1. Corporation Name

SASSY SCISSORS, INC.

Principal Place of Business

C/O MARY ROSE LENTS
6271 ST. AUGUSTINE RD. #13
JACKSONVILLE FL 32217

Mailing Address

C/O MARY ROSE LENTS
6271 ST. AUGUSTINE RD. #13
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1982

3a. Date of Last Report

02/25/1994

4. FBI Number

59-2235158

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

Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENTS, MARY ROSE
6271 ST. AUGUSTINE RD., SUITE 13
JACKSONVILLE FL 32217

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 title of application

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LENTS, MARY ROSE
STREET ADDRESS 3888 MANDARIN WOODS DR
CITY ST ZIP JACKSONVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE VD
NAME SIKES, SHARON
STREET ADDRESS 3888 MANDARIN WOODS DRIVE
CITY ST ZIP JACKSONVILLE, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Vice President
Sharon Sikes Crumrine
1008A Natures Walk Drive
Fernandina Beach, Florida 32034

☒ Change ☐ Addition

TITLE ~~DE~~
NAME ~~LEWIS, MAURINE D~~
STREET ADDRESS ~~6878 ALMOURS PLACE~~
CITY ST ZIP ~~JACKSONVILLE, FL 00000~~

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 this 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 Rose Lents*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Rose Lents (904) 733-8731
Date (optional) _____