## LIFE MOM. LITHING LET MILLIAM HOLLING ANGLIAN

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G21266

## FILED Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90003 026 \*\*\*150.00 07-22-1999 90016 031 \*\*\*400.00

THE HE	IRLOOM SHOP, INC.			<i></i>			
Principal Plac	e of Business	Mailing Address					
507 S. ADAMS PENSACOLA FL 32501 PENSACOLA FL 32501 PENSACOLA FL 32501					DO NOT WRITE IN THIS SPACE		••
					3. Date Incorporated or Qualifed		
					01/28/1983	<del></del>	
	Place of Business	2a. Malling Address			4. FEI Number 59-2257256		Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			-5 Certificate of Status Desired	\$8.75	Additional
22		27	·				Required
City & Sta	le,	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Žip	Country	Ζίρ	Cour	ntry	8. This corporation owes the current year	Intangible Yes	□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Register		
<del></del>	9. Name and Address of Curre	nt Hegistered Agent		81 Name	IU. Halle Blu Address of How Hogister		
BUSTO, MARY QUINA				20 00 00	Advanced C. C. Davidsumbas in Alex Accordable)		
507	S. ADAMS		l	82 Street A	ddress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501				B3			
				-		. 85 Zi	p Code
·				84 City	F	T	•
SIGNATURE	Signature, typed or printed name of registered age	int and life if applicable. (NOTE		•	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the purpose ation's board of directors. I hereby accept the appropriate the a		
12.	OFFICERS AT	NO DIRECTORS	1.5 TI	TLE T	7001710110-011110-01110-011	Chang	
TITLE .	QUINA, MARY DICKSON	<b></b>	1.2 NA				
STREET ADDRESS	AREA MEDERNIELL DO		1357	TREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL				•	4	•
TITLE	1		1	1			
NAJÆ		Delete	1	TY-ST-ZIP		Chang	e Addition
STREET ADDRESS	l .	DELETE	1A CT	TY-\$T-ZIP Π.Ε		☐ Chang	e Addition
***************************************		☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-\$T-ZIP Π.Ε		☐ Chang	e Addition
CITY-ST-ZIP		DELETE	2.1 TT 2.2 NA 2.3 ST	тү-\$т-23Р П.Е			
CITY-ST-ZIP TITLE		DELETE	2.1 TT 2.2 NA 2.3 ST	TY-\$T-ZIP TLE NNE TREET ADDRESS TTY-ST-ZIP		☐ Chang	
			2.1 TT 2.2 NA 2.3 ST '2.4 CI	TY-ST-ZIP TLE WE TREET ADDRESS TIY-ST-ZIP			
TILE			1.4 CF 2.1 TF 22 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	TY-ST-ZIP TLE WE TREET ADDRESS TIY-ST-ZIP			
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TITLE NAME STREET ADDRESS			1.4 CF 2.1 TM 22 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA 3.3 ST 3.4 CF 4.1 TM	TY-ST-ZIP TLE WAS TREET ADDRESS STY-ST-ZIP TLE WAS TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS			e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	21 TM 22 NV 23 ST 2.4 CD 3.1 TM 3.2 NV 3.3 ST 3.4 CD 4.1 TM 4.2 NV	TY-ST-ZIP TLE  NAME TREET ADDRESS TY-ST-ZIP TLE NAME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP		☐ Charle	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	21 TM 22 NV 23 ST 24 CM 33 TM 32 NV 33 ST 34 CM 41 TM 42 NV 43 ST	TY-ST-ZIP TLE  NAME TREET ADDRESS TY-ST-ZIP TLE NAME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS		☐ Charle	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 Cr 2.1 Til 22 NA 2.2 ST 2.4 CC 3.1 TIL 3.2 NA 3.3 ST 3.4 CC 4.1 TIL 4.2 NA 4.3 ST 4.4 CC	TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	1.4 Cr 2.1 Til 2.2 NA 2.2 ST 2.4 CG 3.1 TIL 3.2 NA 3.3 ST 3.4 CG 4.1 TIL 4.2 NA 4.3 ST 4.4 CG 5.1 TIL	TY-ST-ZIP TLE  NAME TREET ADDRESS TY-ST-ZIP TLE NAME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Charle	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CF 2.1 TH 22 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA	TY-ST-ZIP TLE  NAME TREET ADDRESS TY-ST-ZIP TLE NAME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE		Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	1.4 CF 2.1 Til 22 NA 23 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NN 4.3 ST 5.1 TII 5.2 NA 5.3 ST	TY-ST-ZIP TLE NAME TREET ADDRESS		Chang	e Addition
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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 informatic 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6-15-99

850 433-7728