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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H14992 (2)

1. Corporation Name  
SLEEPY HOLLOW GIFTS & COLLECTABLES, INC.

Principal Place of Business

2500 SILVER STAR RD.  
ORLANDO FL 32804

Mailing Address

2500 SILVER STAR RD.  
ORLANDO FL 32804-3324



3. Date Incorporated or Qualified

08/03/1984

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2439879

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

21 940 Tildenville School Rd.

Suite, Apt. #, etc.

22 Winter Garden Fl.

23 City & State

24 Zip

25 Country

26 34787

27 Orange

2a. Mailing Address

26 940 Tildenville School Rd.

Suite, Apt. #, etc.

27 Winter Garden Fl.

28 City & State

29 Zip

30 34787

31 Orange

9. Name and Address of Current Registered Agent

PAWLACK, CAVELLE M.  
2500 SILVER STAR RD.  
ORLANDO FL 32804

940 Tildenville School Rd.  
Winter Garden Fl 34787

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAWLACK, CAVELLE M.  
STREET ADDRESS 160 PALMETTO CT.  
CITY-ST-ZIP LONGWOOD FL

TITLE VD  
NAME THOMAS, MARTHA  
STREET ADDRESS 1110 W. LAKE MARTHA DRIVE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD  
NAME PAWLACK, JEFFRE  
STREET ADDRESS 1926 ST ANDREWS PLACE  
CITY-ST-ZIP LONGWOOD FL

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

CAVELLE M. PAWLACK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

Date

6562064

Daytime Phone

CR2E034 (9/96)