

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H47315**
1. Corporation Name
ANASTASIA'S FANCY, INC.

Principal Place of Business
**6297 Central Ave
St. Petersburg, FL 33710**

2. Principal Place of Business 21 6297 Central Ave Suite, Apt. #, etc. 22 St. Petersburg, FL City & State 23 33710 Zip 24 Pinellas County	2a. Mailing Address 26 6297 Central Ave Suite, Apt. #, etc. 27 St. Petersburg, FL City & State 28 33710 Zip 29 Pinellas County
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9. Name and Address of Current Registered Agent

**Carol H. Laughlin
753 16 Ave N
St. Petersburg FL 33710**

3. Date Incorporated or Qualified MAY 1985	3a. Date of Last Report April 1996
4. FFI Number 59-2513783	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	

10. Name and Address of New Registered Agent

81 Name Carol H. Laughlin
82 Street Address (P.O. Box Number is Not Acceptable) 753 16 Ave N
83 City St. Petersburg
84 State FL
85 Zip 33710
86 Country USA

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 **Carol H. Laughlin**

(NOTE: Registered Agent signature required when registering)

DATE

4/26/97

12. OFFICERS AND DIRECTORS

TITLE President	☐ DELETE
NAME Carol H. Laughlin	
STREET ADDRESS 753 16 Ave N	
CITY-STATE-ZIP St. Petersburg, FL 33704	
TITLE Secretary, Treasurer	☒ DELETE
NAME James Britton Laughlin	
STREET ADDRESS 753 16 Ave N	
CITY-STATE-ZIP St. Petersburg, FL 33704	
TITLE 	☐ DELETE
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	☐ DELETE
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	☐ DELETE
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 	☐ Change ☐ Addition
12 NAME 	
13 STREET ADDRESS 	
14 CITY-STATE-ZIP 	
15 TITLE secretary/treasurer	☐ Change ☒ Addition
16 NAME Theresa Henderson	
17 STREET ADDRESS 10124 Semoran Island Dr.	
18 CITY-STATE-ZIP Largo, FL 33704	
19 TITLE 	☐ Change ☐ Addition
20 NAME 	
21 STREET ADDRESS 	
22 CITY-STATE-ZIP 	
23 TITLE 	☐ Change ☐ Addition
24 NAME 	
25 STREET ADDRESS 	
26 CITY-STATE-ZIP 	
27 TITLE 	☐ Change ☐ Addition
28 NAME 	
29 STREET ADDRESS 	
30 CITY-STATE-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. 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. 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: **Carol H. Laughlin** **Carol H. Laughlin, President** **4/26/97** **813 345 3207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (9/96)