

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 003 ***158.75

DOCUMENT # H48564

1. Corporation Name

STORYBOOK COTTAGE, INC.

Principal Place of Business

~~2507 US 1 S 7050~~
ST. AUGUSTINE FL 32086

Mailing Address

~~2507 US 1 S 7050~~
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1985

4. FEI Number

59-2504206

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 ~~145 LEVINE POINT RD.~~
Suite, Apt. #, etc.

22 Rt. 5 Box 94
City & State

23 PALATKA FL
Zip Country

24 25 29 30

2a. Mailing Address

26 ~~145 LEVINE POINT RD.~~
Suite, Apt. #, etc.

27
City & State

28 St. Augustine FL
Zip Country

29 32086 30

9. Name and Address of Current Registered Agent

KAMM, JEFFREY H.
~~2507 US 1 S 7050~~ 7 CONTESSA DR.
ST AUGUSTINE FL 32087
32084

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 KAMM, JEFFREY H.
STREET ADDRESS ~~2507 US 1 S 7050~~ 7 CONTESSA DR.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE STD
NAME KAMM, BETTIE A.
STREET ADDRESS ~~2507 US 1 S 7050~~ 3025 BISHOP ESTATE DR.
CITY-ST-ZIP ST. AUGUSTINE FL JAX FL 32254

TITLE V
NAME WILSON, JOYCE
STREET ADDRESS RT 5 BOX 94
CITY-ST-ZIP PALATKA FL

TITLE V
NAME WILSON, HERB
STREET ADDRESS RT 5 BOX 97
CITY-ST-ZIP PALATKA FL

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0021931