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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H83077

(8)

OLD TIMUQUANA WAREHOUSE, INC.

FILED Jan 22 1997 8:00am Secretary of State



City & State		12815 ALA P.O.BOX 2 JACKSOM 2a. M-uling 26 Suite, 2	Suite, Apt. #, etc. 27 City & State 28			3. Date Incorporated or Qualified 10/29/1985 01/26/1996 4. FEI Number Applied For Not Applied For S9-2588049 S8.75 Additional Fee Required 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			oplied For of Applicable Additional equired May Be to Fees
24	25	29		30			Yes N		, 100.UOZ,
	9. Name and Address of Curi		gent	130		10. Name and Address of New Re			
128	ler, deborah H. 315 Aladdin Ro. Oksonville Fl. 32223			81 82 83 84		ress (P.O. Box Number is Not Acceptab	FL 8	5 Zip	Code
TILLE NAME STREET ACRORESS CITY STATE	TS MILLER, DEBORAH H. 12815 ALADDIN RD. JACKSONVILLE FL	n a charet blein grounds AND DIRECTORS	DELETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY - S	ADDRESS	ired wien reinstating) ADDITIONS/CHANGES TO OFFIC		Change	Addition
THE NAME STREET ADORESS CITY-ST-ZOF	D MILLER, SCOTT C. 12815 ALADDIN RD. JACKSONVILLE FL D		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY 3.1 TITLE				Change	Addition
NAME STREET ADDRESS CHT+S1 ZIP	MILLER, RICHARD E. 12815 ALADDIN RD. JACKSONVILLE FL			3.2 NAME 3.3 STREET 3.4 CITY-					
NAME STREET ADDRESS CITY - ST. ZIP		_	☐ DE;FTE	4.1 TILE 4.2 NAME 4.3 STREE 4.4 CHY-5	ADDRESS		L. J	Change	Addition
TITE: NAME STREET ADDRESS CITY ST-ZP			DELETE	5 1 TITLE 5 2 NAME 5 3 STREET 5 4 CHY - 5				Change	Addition
THE HAME. STREET ADDRESS OITY ST-77			☐ DELETE	6.2 NAME 6.3 STREE 6.4 CBY	ADDRESS	4441		Change	Addition

14. If 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 in director of the corporation of 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

DEBOTAL H. MULLU SIGNATURE AND TYPED DEPTH DE SIGNATURE AND TYPED DE PRINTED NAME OF SIGNATURE

Deborah H. Miller

|-14-97

904-268-1839