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Jan 22 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 # J08814 (2)

1. Corporation Name  
THE CHRISTMAS COLLECTION, INC.



Principal Place of Business  
749 WEST STATE ROAD 436  
ALTAMONTE SPRINGS FL 32714-3003

Mailing Address  
749 WEST STATE ROAD 436  
ALTAMONTE SPRINGS FL 32714-3003

3. Date Incorporated or Qualified  
04/10/1986

3a. Date of Last Report  
01/26/1996

4. FEI Number  
59-2685521

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

LANPHEAR, RONALD S.  
9865 LAKE GEORGIA DRIVE  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LANPHEAR, JUDY	9865 LAKE GEORGIA DRIVE	ORLANDO FL	<input checked="" type="checkbox"/>
VD	LANPHEAR, LINDA S.	625 TRAILWOOD DRIVE	ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/>
TD	LANPHEAR, RONALD S.	9865 LAKE GEORGIA DRIVE	ORLANDO FL	<input type="checkbox"/>
VD	LANPHEAR, DAVID R.	625 TRAILWOOD DRIVE	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	LANPHEAR, LINDA S.	625 TRAILWOOD DR	ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	LANPHEAR, JUDY	9865 LAKE GEORGIA DR	ORLANDO FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *Ronald S. Lanphear*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD S. LANPHEAR 1/14/97

Date

Daytime Phone #

407 862 5383

CR2E034 (9/96)