SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:29

DOCUMENT # **K08034** **(6)**

1. Corporation Name

WELLER CELEBRATIONS, INC.

Principal Place of Business	Mailing Address
717 NORTH 12TH AVENUE PENSACOLA FL ~~32504~~ 32501	717 NORTH 12TH AVENUE PENSACOLA FL ~~32504~~ 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987	3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-2860335	☐ 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 (21–25)	2a. Mailing Address (26–30)
717 North 12th Ave. Pensacola, Fla. 32501	717 North 12th Ave. Pensacola, Fla. 32501
Street Address, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WELLER, ALICE S
1002 HARBOURVIEW CIRCLE
~~PENSACOLA FL 32501~~ 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City Pensacola FL 85 Zip Code 32507

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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WELLER, ALICE S	12 NAME	
STREET ADDRESS	1002 HARBOURVIEW CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	TURNER, DEBORAH W	22 NAME	
STREET ADDRESS	1817 E. LARUA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	PRICE, MARY ALICE	32 NAME	
STREET ADDRESS	120 COUNTRY CLUB RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Alice S. Weller 6-06-95 904-433-2022
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

01E0444 CP