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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **K08034** (6)

1. Corporation Name
WELLER CELEBRATIONS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987

2. Principal Place of Business	2a. Mailing Address
21 Pensacola Fla 32501	26 Pensacola
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Pensacola, FL	28 City & State: Pensacola Fla.
24 Zip: 32501 25 Country: Escambia	29 Zip: 32501 30 Country: Escambia

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELLER, ALICE S 1002 HARBOURVIEW CIRCLE PENSACOLA FL 32507	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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELLER, ALICE S		1.2 NAME		
STREET ADDRESS	1002 HARBOURVIEW CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, DEBORAH W		2.2 NAME		
STREET ADDRESS	1817 E. LARUA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, MARY ALICE		3.2 NAME		
STREET ADDRESS	1810 E. LEE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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

SIGNATURE: Alice S. Weller 4/1/98 433-2022