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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

PAT'S HALLMARK SHOP, INC.

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rno:pat Place	of Business	Mailing Address						
% LOUIS J. S		% Louis J. Smith 159 South Barfie						
159 SOUTH 6 MARCO ISLA	* · · · · · ·	MARCO ISLAND FL						
MANOO IOCA			•		3. Date Incorporated or Qualified 01/04/1988	3a. Date o	of Last R /27/19	eport 95
. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2862631	, ye a uffug ayan mişam mem salah AF A 18 da F E FE		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	·	City & State			6. Election Campaign Financing			0 May Be
]		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible tax s No	under s	199.032,
<u> </u>	25	29	30		Florida Statutes 10. Name and Address of New I		gent	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10, Name and Address of Now 1	togration our r	9	
CHITH	LOUIS J.							
	UTH BARFIELD			82 Street Addi	ress (P.O. Box Number is Not Accepta	Die)		
	ISLAND FL 33937			83				
MANOO	IOLAND I L 00001						1221 7	- 0
				84 City		FL	85 Zi	ip Code
1. Pursuant t	to the provisions of Sections 607.0	1502 and 607,1508, Florida Sta	atutes, the abo	ve-named corpor	ration submits this statement for the purify of directors. I hereby accept the app	urpose of char	nging its	registered off
GNATURE .		11111-17	≻ ≲\			January J	7,0	
CHAIGHE .	Signature, typed or printed name of registered	agent and to it If applicable.	NOTE: Registered	Agent signature require		DATE		
	Signature, typica or printed name of registered OFFICERS	agent and truell amplicable. AND DIRECTORS	NOTE: Registered	Agent signature require	c when reinstaing! ADDITIONS/CHANGES TO OF	FICERS AND		
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certify that the information expense with an aming is voluntarily numerical and obes not quality for the exemption stated in section 1 is not joint, months are reported as if made under oath; that the information indicated on this arrival 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 accurate with an address.

SIGNATURE:

941-642-5599 Daytime Phone *