

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:12

DOCUMENT # L09357

(9)

1. Corporation Name

ELLEN'S EMBROIDERY, INC.

Principal Place of Business

% DONALD GRISWOLD
832 MELLOWOOD AVE
ORLANDO FL 32825-8037

Mailing Address

% DONALD GRISWOLD
832 MELLOWOOD AVE
ORLANDO FL 32825-8037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1989

3a. Date of Last Report

03/03/1994

4. FEI Number

59 09-3345884

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 4101 ParkLake ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FLA

City & State

27

Zip

24 32803

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GRISWOLD, DONALD
832 MELLOWOOD AVE
ORLANDO FL 32825-8037

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Donald Y. Griswold

(NOTE: Registered Agent signature required when registering)

DATE

1/30/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GRISWOLD, DONALD

STREET ADDRESS

832 MELLOWOOD AVE

CITY - ST - ZIP

ORLANDO FL

TITLE

ELLEN GRISWOLD

NAME

832 MELLOWOOD AVE

STREET ADDRESS

ORLANDO FL

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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:

Donald Y. Griswold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95

1/07-895-5307

Exemption Fee