FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L09357** **(9)**

1. Corporation Name

ELLEN'S EMBROIDERY, INC.

Principal Place of Business

4181 PARK LAKE STREET
ORLANDO FL 32803
US

Mailing Address

% DONALD GRISWOLD
832 MELLOWOOD AVE
ORLANDO FL 32825-8037

3. Date Incorporated or Qualified: **08/12/1989**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3345884** ☐ 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 Park Lake ST
22
23
24 Zip 25 Country

2a. Mailing Address

26 4101 Park Lake ST.
27
28 City & State: ORLANDO FL
29 Zip: 32825 30 Country: USA

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 607.1506, 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 this 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: Donald Griswold DATE: 1/23/96

12. OFFICERS AND DIRECTORS

TYPE: VPS
NAME: GRISWOLD, DONALD
STREET ADDRESS: 832 MELLOWOOD AVE
CITY-ST-ZIP: ORLANDO FL
☐ DELETE

TYPE: DP
NAME: GRISWOLD, ELLEN
STREET ADDRESS: 832 MELLOWOOD AVE
CITY-ST-ZIP: ORLANDO FL
☐ DELETE

TYPE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

TYPE:
NAME:
STREET ADDRESS:
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CITY-ST-ZIP:
☐ DELETE

TYPE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 Griswold 1/23/96 407-895-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)