

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0021160

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90095 018 \*\*\*158.75

DOCUMENT # L17286

1. Corporation Name

JENNY'S STUDIO, INC.

Principal Place of Business

420 WALNUT STREET  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

P.O. BOX 321  
ORANGE PARK FL 32067-0321  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2967572

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 the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR.  
1279 KINGLSEY AVE  
STE #117  
ORANGE PARK FL 32073

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT ☐ DELETE

NAME DAVIDSON, JOYCE  
STREET ADDRESS 272 FLEMING DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE DPS ☐ DELETE

NAME DAVIDSON, WILBUR H.  
STREET ADDRESS 272 FLEMING DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME DAVIDSON, JOYCE  
1.3 STREET ADDRESS 272 FLEMING DRIVE  
1.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME DAVIDSON, WILBUR H.  
2.3 STREET ADDRESS 272 FLEMING DRIVE  
2.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

3.1 TITLE DP ☐ Change ☒ Addition

3.2 NAME FREEMAN, JENNY  
3.3 STREET ADDRESS 312 CENTER STREET  
3.4 CITY-ST-ZIP GREEN COVE SPRINGS 32043

4.1 TITLE DT ☐ Change ☒ Addition

4.2 NAME FREEMAN, GLENN  
4.3 STREET ADDRESS 312 CENTER STREET  
4.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Jenny D. Freeman - D.P.R.E.D. JENNY D. FREEMAN 4/11/99 (904) 284 8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)