

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 14 9:19

DOCUMENT # L64102

(1)

1. Corporation Name

HEIRLOOMED MEMORIES, INC.

Principal Place of Business

RT 3 BOX 440
WILLISTON FL 32696
US

Mailing Address

ROUTE 3 BOX 440
WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1990

3a. Date of Last Report

06/02/1994

4. FEI Number

59-3011377

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CROSSMAN, ROBERT LESTER
ROUTE 3 BOX 440
WILLISTON FL 32696

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 607.0503, 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. The 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

Robert Lester Crossman

NOTE: Registered Agent signature required when transferring

DATE

JUNE 7, 1995

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
CROSSMAN, ROBERT LESTER
RT 3 BOX 440
WILLISTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
CROSSMAN, CAROLYN SUE
ROUTE 3 BOX 440
WILLISTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
FLETCHER, FRED NOEL
RT 3 BOX 440
WILLISTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
LOWRY, VICKI
RT. 3 BOX 440
WILLISTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

President
Crossman, Robert Lester
Rt #3 Box 440
Williston, FL 32696

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Vice President
Dean Lowry
2341 NW 66 Ct Gainesville, FL 32606

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Treasurer
Vicki Lowry
2341 NW 66 Gainesville, FL 32606

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Sect.
Carolyn Sue Crossman
Rt #3 Box 440
Williston, FL 32696

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ 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:

Robert Lester Crossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT LESTER CROSSMAN

JUNE 7, 1995

(Signature of Secretary of State)

904 484-2003

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