

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # L64102 (1)

1. Corporation Name

HEIRLOOMED MEMORIES, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 440
WILLISTON FL 32696
US

ROUTE 3 BOX 440
WILLISTON FL 32696

3. Date Incorporated or Qualified
04/06/1990

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSSMAN, ROBERT LESTER
ROUTE 3 BOX 440
WILLISTON FL 32696

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES
NAME CROSSMAN, ROBERT LESTER
STREET ADDRESS RT 3 BOX 440
CITY - ST - ZIP WILLISTON FL ☐ DELETE

TITLE VP
NAME LOWRY, DEAN
STREET ADDRESS 2341 NW 66TH COURT
CITY - ST - ZIP GAINESVILLE FL ☒ DELETE

TITLE TRES
NAME FLETCHER, FRED NOEL
STREET ADDRESS RT 3, BOX 440
CITY - ST - ZIP WILLISTON FL ☒ DELETE

TITLE T
NAME LOWRY, VICKI
STREET ADDRESS RT. 3 BOX 440
CITY - ST - ZIP WILLISTON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

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

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

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

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

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

VP ☐ Change ☒ Addition

Crossman Carolyn
9190 NW 125th Ave
Ocala FL 34482

TRES ☐ Change ☐ Addition

Lowry Vicki
2341 NW 66th Court
Gainesville FL 32606

SEC ☐ Change ☒ Addition

Fletcher Jimmy
Rt 3 Box 440
Williston FL 32696

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

352-486-5223