

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M73666** (3)

1. Corporation Name  
**THE CLOTHES CLOSET OF AMELIA ISLAND, INC.**

Principal Place of Business Mailing Address  
**310 CENTRE ST.  
FERNANDINA BEACH FL 32034  
US** **310 CENTRE ST  
FERNANDINA BEACH FL 32034  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/24/1988** 3a. Date of Last Report **06/12/1994**

4. FEI Number **59-2891255** 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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DAVIS, GRACE  
310 CENTRE STREET  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent  
81 Name **Metcalf, Emily**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**310 Centre Street**  
83 **Fernandina Beach, Florida 32034**  
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: *Emily Metcalf* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GRACE	1.2 NAME	Metcalf, Emily
STREET ADDRESS	310 CENTRE ST.	1.3 STREET ADDRESS	310 Centre Street
CITY - ST - ZIP	FERNANDINA BCH. FL	1.4 CITY - ST - ZIP	Fernandina Beach, Florida 32034
TITLE	VPD	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIVERS, BRENDA	2.2 NAME	Lizee / Lee
STREET ADDRESS	310 CENTRE ST.	2.3 STREET ADDRESS	310 Centre Street
CITY - ST - ZIP	FERNANDINA BCH. FL	2.4 CITY - ST - ZIP	Fernandina Beach, Florida 32034
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *Emily Metcalf* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR