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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000003561 (6)

CUT-'N-UP, INC.

Principal Place of Business Mailing Address 2020 SADLER ROAD 2020 SADLER ROAD SUITE 3 SUITE 3 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 3. Date Incorporated or Qualified

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

01/11/1993

2. Principal Place of Business			2a. Mailing Address					4. FEL Number Applied For	
21			26					. <b>59-3160724</b> Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional	
22			27					5. Certificate of Status Desired Fee Required	
City & State	<b>;</b>		City & State					6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution	
Zıp	Country			Zip Cou				8. This corporation owes or has paid the current year Intangible	
					30			Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
JONES, MADELYN						81 Name			
2020 SADLER RD.						82 Street Address (P.O. Box Number is Not Acceptable)			
FERNANDINA BCH. FL 32034									
						83			
						84 City 85 Zip Code			
						<b>                                  </b>			
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.					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE	1.1 TITLE	Ε		☐ Change ☐ Addition	
NAME		MADELYN C			1.2 NAM	1E			
STREET ADDRESS		DLER ROAD SUITE 3	-		1.3 STRE	EET A	DDRESS		
CITY - ST - ZIP	FEHNAN	DINA BEACH FL 32034	<u> </u>		1.4 CITY	/- \$T	- ZIP		
TITLE				DELETE	2.1 TITLE	E		Change Addition	
NAME					2.2 NAM	ŧΕ	İ		
STREET ADDRESS					2.3 STRE	EET A	DDRESS		
CITY - ST - ZIP					2. 4 CITY	Y-ST	-ZIP		
TITLE				DELETE	3.1 TITLE	E		Change Addition	
NAME					3.2 NAM	ΊE	ĺ		
STREET ADDRESS					3.3 STRE	EET A	.DDRESS		
CITY - ST - ZIP					3.4. CITY	Y-ST	-ZIP		
TITLE				☐ DELETE	4,1 TITLE	E		Change Addition	
NAME					4. 2 NAM	ME			
STREET ADDRESS					4.3 STRE	EET A	DORESS		
CITY - ST - ZIP					4.4 CITY	/- ST-	- ZiP		
TITLE				DELETE	5.1 TITLE	Ε		☐ Change ☐ Addition	
NAME					5.2 NAM	ĮΕ			
STREET ADDRESS					5.3 STRE	EET A	DDRESS		
CITY - ST - ZIP					5.4 CITY	′- ST-	- ZIP		
TITLE				DELETE	6.1 TITLE	E		Change Addition	
NAME					6.2 NAM	ΙE			
STREET ADDRESS					6.3 STRE	EET A	DORESS		
CITY-ST-ZIP					6.4 CITY				
14. Thereby 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									
maicated	on inis annui	ai report or supplemental :	aumai rehou i	a une and acct	nale aliO	uidi	my signatur	ie atiai nave nie adnie legal elieut as it mage under oath, tilat t alli all	

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: