

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000041959

1. Corporation Name

FRETWELL'S, INC.  
D.B.A. FRETWELL'S FASHIONS

Principal Place of Business

FLEA WORLD  
HWY 17/92  
SANFORD, FL 32773  
BUILDING 200, BOOTH #32

Mailing Address

FRETWELL'S FASHIONS  
8213 Sandpointe Blvd.  
ORLANDO, FL 32819

2. Principal Place of Business

21 FLEA WORLD  
Suite, Apt. #, etc.  
22 HWY 17/92 BLDG. 200 - #32  
City & State  
23 SANFORD, FL  
Zip  
24 32773

2a. Mailing Address

26 FRETWELL'S FASHIONS  
Suite, Apt. #, etc.  
27 8213 Sandpointe Blvd  
City & State  
28 ORLANDO, FL  
Zip  
29 32819  
Country  
30 U.S.A.

3. Date Incorporated or Qualified

7/93

3a. Date of Last Report

4/96

4. FEI Number

59-3191025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

MARK A. FRETWELL  
8213 Sandpointe Blvd.  
ORLANDO, FL 32819

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 607.0515, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (P)	<input type="checkbox"/> DELETE
NAME	KIM T.B. FRETWELL	
STREET ADDRESS	8213 Sandpointe Blvd.	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE	VIC-PRESIDENT (VP)	<input type="checkbox"/> DELETE
NAME	MARK A. FRETWELL	
STREET ADDRESS	8213 Sandpointe Blvd.	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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\*\*\*165.00

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/97

CR2E034 (9/96)