

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Telephone: 904-412-2000
Fax: 904-412-2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000053474 (1)

95 MAY -1 PM 2:14

CHRISTINE'S LINGERIE, INC.

**1368 AUTUMN DRIVE
TAMPA FL 33613**

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TAMPA FL 33613**

DATE OF FILING: 07/21/1994

2. Date of Incorporation or Reorganization		3a. Date of Last Report	
07/26/1993		07/21/1994	
4. FEI Number		Approved Fee	
59-3193732		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Fund Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.02, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLOYD, JULIE C 1368 AUTUMN DRIVE TAMPA FL 33613		81. Name	
		82. Street Address (P.O. Box Number is Not Applicable)	
		83.	
		84. City	
		FL 85. Zip Code	

11. I, the undersigned, being duly sworn, depose and say: I am the duly authorized officer or director of the corporation named in the foregoing statement for the purpose of changing its registered office of the corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby depose and the aforementioned registered agent depose and say that the foregoing is true and correct.

SIGNATURE

12. CHANGES TO CURRENT REGISTERED OFFICE		13. ADDITIONAL CHANGES TO OFFICE INFORMATION	
NAME: FLOYD, JULIE C STREET ADDRESS: 1368 AUTUMN DRIVE CITY: TAMPA STATE: FL ZIP: 33613		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition 	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified to execute this statement. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made in person. I agree to keep this report in the State of Florida and to make it available to the public upon request. I agree to keep this report in the State of Florida and to make it available to the public upon request.

SIGNATURE: Julie C. Floyd Julie C. Floyd/Pres 5/11/95 813-979-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR