

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000057572 (8)

1. Corporation Name

THE DOLL COLLECTION, INC.

95 FEB -2 PM 3: 08

Principal Place of Business

1905 SEMINOLE RD.
ATLANTIC BCH. FL 32233
US

Mailing Address

1905 SEMINOLE RD.
ATLANTIC BCH. FL 32233
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

01/19/1994

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0202108

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

PERKINS, ELISE M.
401 SECOND ST., S.
JACKSONVILLE BEACH FL 32250

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 Elise M. Perkins TS

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERKINS, MARIA E.
STREET ADDRESS	1905 SEMINOLE RD
CITY-ST-ZIP	ATLANTIC BCH. FL
TITLE	V
NAME	SMITH, JEAN L
STREET ADDRESS	4115 HEATH RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TS
NAME	PERKINS, ELISE M.
STREET ADDRESS	401 SECOND ST., S.
CITY-ST-ZIP	JACKSONVILLE BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P VP	☒ Change ☐ Addition
1.2 NAME	PERKINS, MARIA E.	
1.3 STREET ADDRESS	1905 Seminole Rd.	
1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	SMITH, JEAN L.	
2.3 STREET ADDRESS	4115 HEATH RD.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 acknowledgment.

SIGNATURE:

Elise M. Perkins TS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1/10/95 981-241-6441