

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000086616 (8)

1. Corporation Name

BRITANNIA ANTIQUES, INC.



Principal Place of Business

Mailing Address

131 W. MADISON ST.
LAKE CITY FL 32055

131 W. MADISON ST.
LAKE CITY FL 32055-3925

2. Principal Place of Business

2a. Mailing Address

21 R.R. 13, BOX 675
Suite, Apt. #, etc.

26 R.R. 13, BOX 675
Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE CITY, FLORIDA

28 LAKE CITY, FLORIDA

24 Zip Country

29 Zip Country

32055-9087

32055-9087

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

08/09/1996

4. FEI Number

59-3237339

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

7. 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

BILLINGTON, MARCUS A
131 W. MADISON ST.
LAKE CITY FL 32055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

R.R. 13, Box 675

83

84 City
Lake City

FL

85 Zip Code

32055-9087

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ASPINALL, WALTER	
STREET ADDRESS	5 SHAYS DR CLITHEROE	
CITY-STATE-ZIP	LANCASHIRE EN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASPINALL, BERYL J	
STREET ADDRESS	5 SHAYS DR CLITHEROE	
CITY-STATE-ZIP	LANCASHIRE EN	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BILLINGTON, MARCUS A	
STREET ADDRESS	131 W MADISON ST	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	R. R. 13, Box 675
3.4 CITY-STATE-ZIP	Lake City, Florida 32055-9087
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018245

CR2E034 (9/96)