

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000047519 (1)

1. Corporation Name

PARTY CITY OF PALM HARBOR, INC.



Principal Place of Business

36001 U.S. 19 N.  
PALM HARBOR FL 34684  
US

Mailing Address

36001 U.S. 19 N.  
PALM HARBOR FL 34684  
US

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3251428

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

HARRINGTON, WILLIAM J III  
36001 U.S. 19 N.  
PALM HARBOR FL 34684

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HARRINGTON, WILLIAM J III  
STREET ADDRESS  
36001 U.S. 19 N.  
CITY-ST-ZIP  
PALM HARBOR FL

TITLE ☐ DELETE

NAME  
HARRINGTON, SALLY A  
STREET ADDRESS  
4813 TROUBLE CREEK RD.  
CITY-ST-ZIP  
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
HARRINGTON, ROSE M  
STREET ADDRESS  
4813 TROUBLE CREEK RD.  
CITY-ST-ZIP  
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
MARTIN, KENNETH R  
STREET ADDRESS  
4813 TROUBLE CREEK RD.  
CITY-ST-ZIP  
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
MARTIN, ROSEMARY H  
STREET ADDRESS  
4813 TROUBLE CREEK RD.  
CITY-ST-ZIP  
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

34684-1531

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

36001 U.S. 19 N  
Palm Harbor FL 34684-1531

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

36001 U.S. 19 N  
Palm Harbor FL 34684-1531

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

36001 U.S. 19 N  
Palm Harbor FL 34684-1531

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

36001 U.S. 19 N  
Palm Harbor FL 34684-1531

6.1 TITLE

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 119.07(3)(k), 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 #

CR2E034 (12/95)