

*** 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 # P94000058432 (3)

1. Corporation Name

JULIE'S ETC...INC.



Principal Place of Business

Mailing Address

**P.O. BOX 4799
HOMOSASSA SPRINGS FL 34447**

**P.O. BOX 4799
HOMOSASSA SPRINGS FL 34447**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3259794

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

**GLEAVE, JUDITH A
5466 S. SUNCOAST BLVD.
HOMOSASSA FL 34446**

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director, if applicable

2001b. Registered Agent's name, if applicable, typed or printed

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PT**
STREET ADDRESS **GLEAVE, JUDITH A.**
CITY - ST - ZIP **P.O. BOX 4799 N/A
HOMOSASSA SPG. FL**

TITLE ☒ DELETE
NAME **VPS**
STREET ADDRESS **WILBERT, JULIE M.**
CITY - ST - ZIP **P.O. BOX 4799 N/A
HOMOSASSA SPG. FL**

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

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