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May 22 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 # [redacted] (8)P94000073876

1. Corporation Name
COLETTE & COMPANY, INC.

COLETTE & COMPANY, INC.

[redacted]

Principal Place of Business
3948 8TH AVE SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250

Mailing Address
[redacted]
JACKSONVILLE BEACH FL 32250-6267

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 [redacted]
22 900-A Third Street
Neptune Beach, Florida 32266
23
24 Zip
25 Country

2a. Mailing Address
26 Colette M. Corliss, [redacted]
27 900-A Third Street
Neptune Beach, Florida 32266
28
29 Zip
30 Country

4. FEI Number: 59-3271447
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Finance 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
CORLISS, COLETTE M
34 S. 19TH AVE.
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box not acceptable)
Colette M. Corliss, [redacted]
4142 Seabreeze Drive
83
Jacksonville, Florida 32250
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. AMENDMENTS/ADDITIONAL OFFICERS/RESIGNATIONS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORLISS, COLETTE M 34 S. 19TH AVE. JACKSONVILLE BEACH FL 32250	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Colette M. Corliss, [redacted] 4142 Seabreeze Drive Jacksonville, Florida 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002202598 -06/05/97--01013--050 ***165.00	☐ Change ☐ Addition CS 5/22/97

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

[redacted]