

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000007030 (6)

1. Corporation Name

HONEY AND SPICE CRAFTS, INC.



Principal Place of Business

Mailing Address

%BARBARA A WEBSTER  
3201 SW 122ND CT  
MIAMI FL 33175

%BARBARA A WEBSTER  
3201 SW 122ND CT  
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Barbara A. Webster

Suite, Apt. #, etc.

22 410 N.W. 21st St.

City & State

23 High Springs, Fl.

Zip

24 32643

25 USA

26 410 N.W. 21st St.

Suite, Apt. #, etc.

27 410 N.W. 21st St.

City & State

28 High Springs, Fl.

Zip

29 32643

30 USA

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

65-0576116

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBSTER, BARBARA A  
3201 SW 122ND CT  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name Barbara A. Webster

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

410 N.W. 21st Street

83

84 City High Springs, Fl.

FL

85 Zip Code

32643

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 P ☐ DELETE

NAME ROBISON, BONNIE R

STREET ADDRESS 830 W 51ST PLACE

CITY-ST-ZIP HIALEAH FL

TITLE S ☐ DELETE

NAME WEBSTER, BARBARA A

STREET ADDRESS 3201 SW 122 CT

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

24814 N.W. 24th Avenue

Newberry, Fl. 32669

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

410 N.W. 21st Street

High Springs, Fl. 32643

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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.

SIGNATURE

Barbara A. Webster - Barbara A. Webster 4/29/98

094-454-2528

CR2E034 (10/97)