

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

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00 MAY 16 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2000

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

DOCUMENT # P950005776810

1. Corporation Name

Aunt Pittie Pats Attic Inc

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 20 N Johnson St

22 Suite, Apt. #, etc.

23 Hawthorne FL

24 32640

25 Alachua

26 Po Box 2259

27 Suite, Apt. #, etc.

28 Hawthorne FL

29 32640

30 Alachua

3. Date Incorporated or Qualified March 1995

4. FEI Number 593309635

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

81 Name William C Fields

82 Street Address (P.O. Box Number is Not Acceptable) 20 N Johnson St

83

84 City Hawthorne FL 32640

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS

TITLE President/Treasure ☐ DELETE

NAME Patricia D.S. Fields

STREET ADDRESS 20 N Johnson St Hawthorne FL 32640

CITY-ST-ZIP

TITLE Vice President/Secretary ☐ DELETE

NAME William C Fields

STREET ADDRESS 20 N Johnson St Hawthorne FL 32640

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME 100003286261

2.3 STREET ADDRESS -06/13/00-01018-009

2.4 CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME TS

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

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: W.C. Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 352 481-3425

CR2E034 (10/97)