

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90005 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033255**

1. Corporation Name

MONOGRAMS & MORE OF JACKSONVILLE, INC.



Principal Place of Business 1003 PARK STREET JACKSONVILLE FL 32204	Mailing Address 1003 PARK STREET JACKSONVILLE FL 32204
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

59-3308849

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business 21 2022 SAN MARCO BLVD	2a. Mailing Address 26 2022 SAN MARCO BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32207	Country 25 USA
Country 29 32207	Country 30 USA

9. Name and Address of Current Registered Agent

**CUTLER, ADA S
1003 PARK STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name **HENRY A. WERKING**

82 Street Address (P.O. Box Number is Not Acceptable)
2022 SAN MARCO BLVD

83

84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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 **HENRY A. WERKING PRESIDENT** *Henry A. Werking President* **8-9-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CUTLER, ADA S	
STREET ADDRESS 1003 PARK STREET	
CITY-ST-ZIP JACKSONVILLE FL 32204	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HENRY A. WERKING	
1.3 STREET ADDRESS 2022 SAN MARCO BLVD	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Henry A. Werking* **HENRY A. WERKING**

7-13-99 904-396-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)