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FILED
May 13 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 # P95000036910 (4)

1. Corporation Name
BABY BARGAINS ETC. INC.



Principal Place of Business

Mailing Address

400 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301

400 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 BABY BARGAINS ETC. INC.

2a. Mailing Address

26 400 CAPITAL CIRCLE, SE

Suite, Apt. #, etc.

22 19, 20, 21

Suite, Apt. #, etc.

27 SAME

City & State

23 TALL.

City & State

28 TALLAHASSEE FL

Zip

24 32301

Country

25 LEON

Zip

29 32301

Country

30 LEON

9. Name and Address of Current Registered Agent

MILLINGTON, DOROTHY C
7818 TALLIE ANN DR
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

05/08/1995

4. FEI Number

59-3319644

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE *Dorothy C. Millington*

(NOTE: Registered Agent signature required when reinstating)

4-30-98
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MILLINGTON, DOROTHY
STREET ADDRESS 7818 TALLIE ANN DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ DELETE

NAME HALL, TERRI
STREET ADDRESS ~~2072 PLANTATION FOREST DR~~
CITY-ST-ZIP TALLAHASSEE 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9046 FOXWOOD DR, N.
TALL. FL. 32308

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Dorothy C. Millington*

4-30-98 154-1300

CR2E034 (10/97)