

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059077 (4)

1. Corporation Name

FAIRYTALE WEDDINGS, INC.



Principal Place of Business

Mailing Address

% PATRICIA MOSLEY
196 MIRACLE STRIP PKWY. UNIT 1
FT. WALTON BEACH FL 32548

% PATRICIA MOSLEY
196 MIRACLE STRIP PKWY. UNIT 1
FT. WALTON BEACH FL 32548

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

593327123

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit I

27 Unit I

23 City & State

28 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, PATRICIA
196 MIRACLE STRIP PKWY, UNIT 1
FT. WALTON BEACH FL 32548

81 Name

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

83

Unit I

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
MOSLEY, PATRICIA
STREET ADDRESS 196 MIRACLE STRIP PKWY, UNIT 1
CITY-ST-ZIP FT. WALTON BEACH FL 32548

1.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12 NAME President

13 STREET ADDRESS Mosley, Patricia A

14 CITY-ST-ZIP 196 Miracle Strip Pkwy, Unit I

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

9.1 TITLE ☐ Change ☐ Addition

10.1 TITLE ☐ Change ☐ Addition

11.1 TITLE ☐ Change ☐ Addition

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27.1 TITLE ☐ Change ☐ Addition

28.1 TITLE ☐ Change ☐ Addition

SIGNATURE: Patricia A. Mosley April 28, 1996 (904) 243-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day, Month, Year

CR2E034 (12/95)