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

PROFIT CORPORATION ANNUAL REPORT

1998

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067847 (0)

DEBBIE'S BOUTIQUE, INC.

Principal Place of Business Mailing Address 2101 CLIFTON DRIVE 2101 CLIFTON DR VALRICO FL 33594 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3336907 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIMERAL, DEBORAH 2101 CLIFTON DR Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 City 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 came of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change TITLE SIMERAL, DEBORAH 1.2 NAME NAME 2101 CLIFTON DRIVE 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 211016 TITLE SIMERAL, BRYAN 2.2 NAME 2101 CLIFTON DRIVE 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME GARSON, MARGARET 3.2 NAME STREET ADDRESS 2101 CLIFTON DRIVE 3.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME **4.2 NAME** 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE

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.

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- 7IP

5.4 CITY - ST - ZIP

Change

___ Addition

FILED

Apr 29 1998 8:00am

Secretary of State