

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 031 ***150.00

DOCUMENT # P95000068996

1. Corporation Name
TEDDIES, INC.

Principal Place of Business
4693 28TH STREET NORTH
ST. PETERSBURG FL 33714
US

Mailing Address
4693 28TH STREET NORTH
ST. PETERSBURG FL 33714
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

4. FEI Number

59-3369417

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4693 28 ST N

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 4693 28 ST N

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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9. Name and Address of Current Registered Agent

JACQUELIN SMITH KIMER
4693 28TH STREET NORTH
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name Theodore R Kimer, Jr.

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

4693 28 ST N

83

84

City St. Petersburg

FL

85 Zip Code 33714

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMITH KIMER, JACQUELIN
STREET ADDRESS 4693 28TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE

NAME KIMER, THEODORE R JR.
STREET ADDRESS 4693 28TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE MD ☐ DELETE

NAME KIMER, ROSEMARIE
STREET ADDRESS 4693 28TH ST NORTH
CITY-ST-ZIP ST PETERSBURG FL 33714

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 VICE-PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33714

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 33714

3.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Jacqueline Smith Kimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELIN SMITH KIMER

Date

Daytime Phone #

4/30/99

727-525-1769

CR2E034 (11/98)

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