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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000069366 (9)

KIDSVILLE KLOTHES, INC.

STREET ADDRESS

FILED May 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								-				1848 B 14419 B 11113		
•	G HILL DRIVE	,,,		10500 SPRING HILL DRIVE										
SPRING HILL				SPRING HILL FL 34608-5046										
•									1					
										Date Incorporate	d or Qualified		te of Last R	eport
													5/21/1996	
	Place of Busi			 Mailing Address 						FEI Number			Ap	plied For
21 11190 SPRING HILL DR.									59-3332599				No	t Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5	Certificate of Sta	ius Desired		\$8.75	
22				27					J				Fee Re	quired
City & St				City & State		`			6. Election Campaign Financing				\$5.00 May Be	
	ING HI	LL, FL	28	SPRING H	ILL					Trust Fund Contr	ibution		Added t	o Fees
Zip		Country		Zip Country				8.	This corporation				199.032,	
24 34609 25 HERNANDO				29 34609 30 HERNANDO					Florida Statutes 🔀 Yes 🔲 No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Register													Agent	
MAGILL, MICHELE 81 Name														
		HILL DRIVE		82 Street Addre					ress_(F	P.O. Box Number i	s Not Accept	able)		
ļ SP	ring Hill i	FL 34608							SP	RING HIL	L DR.			
					•	83	3							
						84	1	City					85 Zip (Code
							SPRING H			ILL		FL	34	609
11. Pursuan	nt to the provis	sions of Sections 607.05 gent, or both, in the Stat	602 and 6	607.1508, Florida Stal	tutes,	the above	ve-r	named corp	poratio	on submits this star	tement for the	purpose of	changing it	s registered
agent. I	am familiar w	with, and accept the obla	gations o	of, Section 607.0505,	Florid	a Statute	98.	ric corporat	101181	bbard of birectors.	Thereby acc	epi nie app	OURITION AS	registered
SIGNATURE	•													
	Signature, type	d or printed name of registered a			OTE PA		gent	signature requir				DATE		
12.	T DEST	OFFICERS A	ND DIRE			18.				ADDITIONS/CHAN	IGES TO OFF	ICERS AND		
TITLE	DPST	MOUELE		☐ DELETE		1.1 TITLE							X Change	Addition
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CITY-ST-ZIP						5.4 CITY-	S1-	ZIP						
TITLE				☐ DELETE		G.4 TITLE					·		Change	Addition

14. I do 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 Manny name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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