

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

DOCUMENT # P95000069578

1. Corporation Name

LUCKY LADIES, INC.

Principal Place of Business

1026 EAST GAUCHO CIRCLE
DELTONA FL 32725

Mailing Address

1026 EAST GAUCHO CIRCLE
DELTONA FL 32725

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90097 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

59-3363302

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

2a. Mailing Address

21 1802 DOYLE RD

26 1802 DOYLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 32738

29 32738

30

9. Name and Address of Current Registered Agent

FARNSWORTH, BARBARA A
1026 EAST GAUCHO CIRCLE
DELTONA FL 32725

81 Name

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

83 1802 Doyle Rd

84 City

Deltona

FL

85 Zip Code

32738

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, CAROLYN S
STREET ADDRESS 1026 EAST GAUCHO CIRCLE
CITY-ST-ZIP DELTONA FL 32725

☐ DELETE

TITLE VP
NAME OLIVER, W. JEAN
STREET ADDRESS 190 APPLE DRIVE
CITY-ST-ZIP GREENCASTLE PA 17225

☐ DELETE

TITLE VP
NAME WISDOM, RACHAEL
STREET ADDRESS 16 OAKLAND AVENUE
CITY-ST-ZIP CENTRAL ISLIP NY 11722

☐ DELETE

TITLE ST
NAME FARNSWORTH, BARBARA
STREET ADDRESS 1026 EAST GAUCHO CIRCLE
CITY-ST-ZIP DELTONA FL 32725

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

(407) 860-6200

Daytime Phone #

CR2E034 (11/98)