

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 19, 1999 8:00 am
Secretary of State

05-19-1999 90020 004 ***600.00

DOCUMENT # P95000069703

1. Corporation Name

GRANDPA'S CRAFTERS MALL, INC.



Principal Place of Business

4600 CANAL ROAD
LAKE WALES FL 33853

Mailing Address

4600 CANAL ROAD
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

59-3337764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 4241 ALAMANDA BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 4241 ALAMANDA BLVD
Suite, Apt. #, etc.

City & State

23 LAKE WALES FL
Zip 33853 Country USA

City & State

28 LAKE WALES FL
Zip 33853 Country USA

9. Name and Address of Current Registered Agent

HORNE, KERMIT R
4600 CANAL ROAD
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

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

83 4241 ALAMANDA BLVD

84 City LAKE WALES

FL

85 Zip Code 33853

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 PD ☐ DELETE

NAME HORNE, KERMIT R
STREET ADDRESS 4600 CANAL ROAD
CITY-ST-ZIP LAKE WALES FL 33853

TITLE STD ☐ DELETE

NAME HORNE, ANNIE
STREET ADDRESS 4600 CANAL ROAD
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change

☐ Addition

1.2 NAME

SAME

1.3 STREET ADDRESS

4241 ALAMANDA BLVD

1.4 CITY-ST-ZIP

LAKE WALES FL 33853

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

SAME

2.3 STREET ADDRESS

4241 ALAMANDA BLVD

2.4 CITY-ST-ZIP

LAKE WALES FL 33853

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:

Annie L Horne Annie L Horne 4-21-99 941-439-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0431283