

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

FILED

**May 21 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000078349 (4)
1. Corporation Name
LACY'S DOLL STUDIO, INC.



| | |
|--|--|
| Principal Place of Business 520 E. SEMORAN BLVD. CASSELBERY FL 32707 | Mailing Address 520 E. SEMORAN BLVD. CASSELBERY FL 32707 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 209 E. Tenth Street Suite, Apt. #, etc. | | 2a. Mailing Address 26 209 E. Tenth Street Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 10/09/1995 | |
| 22 City & State 23 Sanford, FL | | 27 City & State 28 Sanford, FL | | 4. FEI Number 59-3340884 | |
| 24 Zip 32771 | | 29 Zip 32771 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country USA | | 30 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent BUNNELL, JERRY 797 COACHLIGHT DRIVE FERN PARK FL 32730 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--------------------------------|--|
| 9. Name and Address of Current Registered Agent BUNNELL, JERRY 797 COACHLIGHT DRIVE FERN PARK FL 32730 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name Jackie Russell | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 209 E. Tenth Street | | | |
| | | | | 83 | | | |
| | | | | 84 City Sanford | | 85 Zip Code FL 32771 | |

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jackie Russell* **5-1-98 Jackie Russell** **5-1-98**

Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|---------------------|--|--|
| TITLE | PTS | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PTS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BUNNELL, JERRY | | | 1.2 NAME | Jackie Russell | | |
| STREET ADDRESS | 797 COACHLIGHT DRIVE | | | 1.3 STREET ADDRESS | 209 E. Tenth Street | | |
| CITY-ST-ZIP | FERN PARK FL | | | 1.4 CITY-ST-ZIP | Sanford, FL 32771 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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.

CR2E034 (10/97)