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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002816 (2)

OLDE TOWNE STATUARY, INC.

| LOTS 7 & 8. HWY 349 N OLD TOWN | . BLUE JAY SUBDIVISION FL 32680 | P O BOX 1264 OLD TOWN FL 32680 | | | | DO NOT WRITE IN THIS SE | 'AÇE | |
|---|--|-----------------------------------|------------------------------|-----------------------------|---|--|----------------|-----------------------------------|
| 9 Dringing I | llace of Dunings | 2a. Mailing Address | | | | 01/01/1996 | | |
| — · | | | aress | | | 4. FEI Number | <u> </u> | Applied For |
| 21 | 4 -1- | 26 | | | | 59-3350601 | | Not Applicable |
| Suite, Apt. | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & Stat | | Cily & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 24 | Country 25 | Zip | Country 30 | | , | This corporation owes or has paid the curre Personal Property Tax due June 30. | nt year Yes | Intangible |
| | 9, Name and Address of Curi | ent Registered Agent | | | | 10. Name and Address of New Registered Ag | jent | |
| SC | CHMITT, VICKI L | | | 81 | Name | | | |
| LOTS 7 & 8, BLUE JAY SUBDIVISION HWY 349 N | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| OLD TOWN FL 32880 | | | - | 83 | | | | |
| | | | | 84 | City | FL | 85 Z | ip Code |
| 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 reportion of the corporation of the | | | | | | | | g its registered as registered |
| SIGNATURE | Signature, typed or printed name of registered | | ired when reinstaling) [DA][| | | | | |
| 12. | | ND DIRECTORS | 13. | | an organization codes | ADDITIONS/CHANGES TO OFFICERS AND D | IBECT | ORS IN 12 |
| TITLE | PD | ☐ DCLFTE | 1,1 TIT | LF. | | | Chano | |
| NAME | ME SCHMITT, VICKI L 1.2 | | | ME | | | - , | |
| LOTO T C & BULE LAW CURRENCOLOU | | | 13.510 | REET | ADDRESS | | | |
| CITY-ST-ZIP | OLD TOURIE DI GOGGO | | | 1.4 CITY - ST - ZIP | | | | |
| TITLE | | | 2.1 Til | | | | Chang | e Addition |
| NAME | 22 | | | ME | | <u>-</u> | , | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CiTY-ST-ZIP | I • • • • • • • • • • • • • • • • • • • | | | | ST - ZIP | • | | |
| TITLE | | | | 3.1 1/1LE | | | Change | e Addition |
| NAME | | | 3.2 NAI | ME | | _ | | |
| STREET ADDRESS | | | 33578 | REET I | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CI | | | | | |
| TETLE | | | | 4.1 TOLE | | | Change | e Addition |
| NAME | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | 4.4 CHY-ST-ZIP 5.1 TITLE | | | Change | e |
| NAME | | | 5 2 NA | | ŀ | | , | |
| STREET ADDRESS | | | | | address | | | ļ |
| CHTY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 5.4 Cit | | · £(t* | 777 | Change | e Addition |
| NAME | | C peccit | 6.2 NAt | | | L | 1 Onange | , LT WOOIIIOI) |
| STREET ADDRESS | | | | _ | ADDRESS | | | |

14. 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.