

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**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90190 001 \*\*\*150.00

DOCUMENT # **P96000002816**

1. Corporation Name

**OLDE TOWNE STATUARY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**LOTS 7 & 8, BLUE JAY SUBDIVISION  
HWY 349 N  
OLD TOWN FL 32680**

**P O BOX 1264  
OLD TOWN FL 32680**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/01/1996**

4. FEI Number

**59-3350601**

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

10. Name and Address of New Registered Agent

**SCHMITT, VICKI L  
LOTS 7 & 8, BLUE JAY SUBDIVISION  
HWY 349 N  
OLD TOWN FL 32680**

81 Name

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

83

84 City

**FL.**

85 Zip 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SCHMITT, VICKI L**

STREET ADDRESS: **LOTS 7 & 8, BLUE JAY SUBDIVISION**

CITY-ST-ZIP: **OLD TOWN FL 32680**

TITLE **VP** ☐ DELETE

NAME **Hallas, David B**

STREET ADDRESS: **Coffee Drive**

CITY-ST-ZIP: **Old Town FL 32680**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Vicki Schmitt PD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-99**

Date

**352-542-2564**

Daytime Phone #

CR2E034 (11/98)