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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000017615 (1)**

1. Corporation Name
IT'S BEDTIME INC.

Principal Place of Business	Mailing Address
1957 W LUMSDEN BRANDON CENTER SOUTH BRANDON FL 33511	1957 W LUMSDEN BRANDON CENTER SOUTH BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
02/26/1996

4. FEI Number
59-3335300
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVENGENCIE-GAY, PAMELA
1957 W LUMSDEN
BRANDON CENTER SOUTH
BRANDON FL 33511

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GAY, RONALD D		1.2 NAME	
STREET ADDRESS	4103 CONCORD WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEVENGENCIE-GAY, PAMELA		2.2 NAME	
STREET ADDRESS	4103 CONCORD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEVENGENCIE, JAMES		3.2 NAME	
STREET ADDRESS	751 10 STREET E #409		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEVENGENCIE, JAMES		4.2 NAME	
STREET ADDRESS	751 10 STREET E #409		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DEVENGENCIE, CAROL		5.2 NAME	
STREET ADDRESS	751 10 STREET E #409		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KOON, MARK		6.2 NAME	
STREET ADDRESS	9310 CANDLEMAKER CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Pamela DeVengencie Gay 4/14/98 813-654-1767