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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000023521 (3)**

1. Corporation Name

THREADS OF MAGIC, INC.

Principal Place of Business

**456 TIMBERWOOD TRAIL
OVIEDO FL 32765**

Mailing Address

**456 TIMBERWOOD TRAIL
OVIEDO FL 32765-8368**

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 182 S. CENTRAL AVE.

2a. Mailing Address

26 182 S. CENTRAL AVE.

4. FEI Number

59-3365512

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Ronald C. Plouffe **RONALD C. PLOUFFE**

(NOTE: Registered Agent signature required when reinstating)

4/17/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **PLOUFFE, RONALD C**
STREET ADDRESS **456 TIMBERWOOD TRAIL**
CITY- ST- ZIP **OVIEDO FL 32765**

TITLE **VD** ☒ DELETE
NAME **JACKSON, MICHAEL A**
STREET ADDRESS **456 TIMBERWOOD TRAIL**
CITY- ST- ZIP **OVIEDO FL 32765**

TITLE **SD** ☒ DELETE
NAME **JACKSON, JO ANN T**
STREET ADDRESS **456 TIMBERWOOD TRAIL**
CITY- ST- ZIP **OVIEDO FL 32765**

TITLE **TD** ☐ DELETE
NAME **PLOUFFE, ARLENE A**
STREET ADDRESS **456 TIMBERWOOD TRAIL**
CITY- ST- ZIP **OVIEDO FL 32765**

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 **PTD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **182 S. CENTRAL AVE.**
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE **VSD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **182 S. CENTRAL AVE.**
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 do 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: **Ronald C. Plouffe** **RONALD C. PLOUFFE**

4/17/97 (407)366-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #