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FILED
May 05 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 # P96000028453 (4)

1. Corporation Name

CHRISTMAS DREAMS, INC.

Principal Place of Business

721-7TH STREETWEST
PALMETTO FL 34221

Mailing Address

721-7TH STREETWEST
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0679391 650677391

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

2. Principal Place of Business

21 400-8th AVENUE WEST

Suite, Apt. #, etc.

22 PALMETTO FL

City & State

23 34221

Zip

Country

24

2a. Mailing Address

26 400-8th AVENUE WEST

Suite, Apt. #, etc.

27 PALMETTO FL

City & State

28 34221

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEEFER, DONNA
721-7TH STREETWEST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

DONNA L KEEFER

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

400-8th AVENUE WEST

83

PALMETTO

84 City

FL

85 Zip Code

34221

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

DONNA L KEEFER

Signature, typed or printed name of registered agent and title if applicable

Donna L Keefe

NOTE: Registered Agent signature required when reinstating

4-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME KEEFER, DONNA L

STREET ADDRESS 1818 4TH ST W

CITY-ST-ZIP PALMETTO FL

TITLE VP ☐ DELETE

NAME KEEFER, CHARLES F

STREET ADDRESS 1818 4TH ST W

CITY-ST-ZIP PALMETTO FL

TITLE S ☐ DELETE

NAME HENSON, AINSLEE

STREET ADDRESS 1819 EDGEWATER LN

CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 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:

Donna L Keefe

DONNA L KEEFER PRES.

4-28-98

941

122 1844

CP2E034 (10/97)