

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90015 042 \*\*\*158.75

DOCUMENT # **P96000033784**

SEASONAL TREASURES, INC.

Principal Place of Business

626 WEBBER ST.  
SARASOTA FL 34232

Mailing Address

3304 RIVIERA DR.  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0660445

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. ☐ Yes ☒ No

Principal Place of Business

5378 Fruitville Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 5378 Fruitville Rd.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34232

Country

USA

City & State

28 Sarasota, FL

Zip

29 34232

Country

30 USA

9. Name and Address of Current Registered Agent

GEWEYE, CAROLYN M  
3304 RIVIERA DRIVE  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

SARASOTA

FL

34232

I, 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

7/2/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|              |                    |                                 |
|--------------|--------------------|---------------------------------|
| LE           | P                  | <input type="checkbox"/> DELETE |
| ME           | GEWEYE, CAROLYN M  |                                 |
| REET ADDRESS | 3304 RIVIERA DRIVE |                                 |
| Y-ST-ZIP     | SARASOTA FL 34232  |                                 |
| LE           |                    | <input type="checkbox"/> DELETE |
| ME           |                    |                                 |
| REET ADDRESS |                    |                                 |
| Y-ST-ZIP     |                    |                                 |
| LE           |                    | <input type="checkbox"/> DELETE |
| ME           |                    |                                 |
| REET ADDRESS |                    |                                 |
| Y-ST-ZIP     |                    |                                 |
| LE           |                    | <input type="checkbox"/> DELETE |
| ME           |                    |                                 |
| REET ADDRESS |                    |                                 |
| Y-ST-ZIP     |                    |                                 |
| LE           |                    | <input type="checkbox"/> DELETE |
| ME           |                    |                                 |
| REET ADDRESS |                    |                                 |
| Y-ST-ZIP     |                    |                                 |

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | P                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | Carolyn Geweye      |  |
| 1.3 STREET ADDRESS | 5378 Fruitville Rd  |  |
| 1.4 CITY-ST-ZIP    | SARASOTA, FL. 34232 |  |
| 2.1 TITLE          | VP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Kevin Geweye        |  |
| 2.3 STREET ADDRESS | 5378 Fruitville Rd. |  |
| 2.4 CITY-ST-ZIP    | SARASOTA, FL. 34232 |  |
| 3.1 TITLE          | Treas.              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Virginia Wright     |  |
| 3.3 STREET ADDRESS | 5378 Fruitville Rd  |  |
| 3.4 CITY-ST-ZIP    | SARASOTA, FL. 34232 |  |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY-ST-ZIP    |                     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY-ST-ZIP    |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |  |
| 6.3 STREET ADDRESS |                     |  |
| 6.4 CITY-ST-ZIP    |                     |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/99 941 371-1533

0102960

CR2E034 (5/99)

**Seasonal Treasures Inc.**

5378 Fruitville Rd.  
Address Line 2  
Sarasota Fl.34232  
USA

---

Phone 941-371-1533  
Fax 941-371-9291  
Home Phone 941-921-2232  
Email seasonal-treasures.com

P96000033784  
583406-90015-42

July02,1999

Carolyn Geweye  
5378 Fruitville Rd.  
Sarasota Fl,34232

Dear Sirs,

I am writing you this letter in Re: to our 1999 Profit Corp. Form 2nd notice. We did not receive the first one that should have been sent to 3626 Webber St. Sarasota Fl.34232 For the years to come please send all forms to the address above. Enclosed is our renewal fee of \$150.00 plus \$ 8.75 for the certificate of status.

Sincerey,

Carolyn Geweye