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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044766 (9)

1. Corporation Name
GRANDMA'S CREATIONS, INC.

Principal Place of Business
828 SE 35TH AVE
OCALA FL 34471

Mailing Address
828 SE 35TH AVE
OCALA FL 34471-2954



2. Principal Place of Business
21 5530 S.E. 3RD. PL.
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 OCALA, FL.
24 34471

27 City & State
28
29 Zip Country
30 MARION

3. Date Incorporated or Qualified
05/20/1996

3a. Date of Last Report

4. FEI Number
566848656

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUNTAIN, IRENE
828 SE 35TH AVE
OCALA FL 34471

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	D	DELETE
NAME	FOUNTAIN, IRENE	
STREET ADDRESS	828 SE 35TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V	Change	Addition
1.2 NAME	MASON, DEBORAH		
1.3 STREET ADDRESS	5530 S.E. 3RD. PL.		
1.4 CITY-ST-ZIP	OCALA, FL 34471		
2.1 TITLE	T	Change	Addition
2.2 NAME	CRAWFORD, RICKY		
2.3 STREET ADDRESS	5530 S.E. 3RD PLACE		
2.4 CITY-ST-ZIP	OCALA, FL 34471		
3.1 TITLE	S	Change	Addition
3.2 NAME	FOUNTAIN MICHAEL		
3.3 STREET ADDRESS	828 S.E 35TH AVE		
3.4 CITY-ST-ZIP	OCALA, FL 34471		
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	100002161091		
5.3 STREET ADDRESS	-05/01/97--01004--051		
5.4 CITY-ST-ZIP	***65.00		
6.1 TITLE		Change	Addition
6.2 NAME	200002161092		
6.3 STREET ADDRESS	-05/01/97--01004--052		
6.4 CITY-ST-ZIP	***100.00		

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: Irene Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97 236-5177
Date Daytime Phone #

CR2E034 (9/96)