## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000078373 (3)

JEAN'S GIFTS, INC.

Principal Place of Business Mailing Address 8300-1 BAYMEADOWS ROAD 9300-1 BAYMEADOWS ROAD JACKSONVILLE FL 32256-7710 JACKSONVILLE FL \$2256 3a. Date of Last Report Date Incorporated or Qualified 09/20/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199 032 🗹 Yes 24 25 29 30 Florida Statutes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EDWARDS, JEAN R 81 Name 9300-1 BAYMEADOWS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 84 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. Thereby accept the appointment as registered agent. Lam 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 Agont's gnature required when relies along) ÖÄTÉ 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE EDWARDS, JEAN R NAME 1.2 NAME 9300-1 BAYMEADOWS ROAD STREET ADDRESS 13 STREET ADDRESS Jacksonville FL 32256 CITY-ST-ZIP 1.4 CITY-ST-7/P DELETE TITLE 2 1 11TLF ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7:P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 7IP 🔲 DELETË Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIF DELETE Addition \_\_\_ Change TITLE 6.1 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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), I lorida 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.

CLAN ALYNOUS ENAMS 901 731-5080

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JEAN'S GIFTS, INC.

Principal Place of Business		Mailing Address	Mailing Address			
8300-1 BAYMEADOWS ROAD JACKBONVILLE FL 82256		8300-1 BAYMEADOWS ROAD JACKSONVILLE FL 32256-7710				
				3. Date Incorporated or Qualified 09/20/1996	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number # 1334	Applied For	
21		26		5 9-3401221	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27 Suite, Apr. 4, etc.		\$8.75 Additional Fee Required	
City & State		City & State			\$5.00 May Be	
23		28	28		Added to Fees	
Zip	Country	Ζip	Country	8. This corporation has liability for		
24	25	[29]	[30]	f lorida Statutes  10. Name and Address of New Re	☑ Yes ☐ No	
EN	9. Name and Address of Curr	ent Registered Agent	B1 Name	10. Name and Address of New Re	gisterea Agent	
EDWARDS, JEAN R 9300-1 BAYMEADOWS ROAD						
	KSONVILLE FL 32256		82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			84 City		85 Zip Code	
					FL	
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Stati ile of Florida. Such change was ligations of, Section 607.0505, F	ites, the above-named corp authorized by the corpora lorida Statutes.	poration submits this statement for the patients board of directors. Thereby acce	ourpose of changing its registered of the appointment as registered	
SIGNATURE						
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	TE Begistered Agent's gnature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
TITLE	Ď	DELETE	1.1 TIPLE		Change Addition	
NAME	edwards, Jean R		1.2 NAME			
STREET ADDRESS 9300-1 BAYMEADOWS ROAD		13 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		·	
TITLE		LI DELETE	2 1 HITLE		Change Addition	
NAME Street Address			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY- ST- 7:P			
TITLE		DETETE	31 HILE	PROFESSION OF THE AMERICAN STREET, BASELIAN STREET, AND	Change Addition	
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		and the second of the second o	3.4 CITY-ST-7IP			
TITLE		☐ DELETE	4.1 TITLE		L_  Change   L_  Addition	
NAME			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STHEET ADDRESS 4.4 City - St - ZiP			
TITLE		DELFTE	51 THEF		Change Addition	
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-7/F			
TITLE		DELETE	6.1 1011		Change Addition	
NAME PTOTEST ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIF			
14. I do hereb	y certify that the information supp	lied with this filing does not qua		d in Section 119.07(3)(i), Florida Statute	s. 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 eath; 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: Use Use Use III that III and II and II

3R2F034 (9/96)