

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 23 1997 8:00am
Secretary of State

DOCUMENT # P96000090176 (4)

1. Corporation Name

GRANNY NANNIES LICENSING GROUP INC.



Principal Place of Business

455 DOUGLAS AVE. SUITE 1755
ALTAMONTE SPRINGS FL 32714

Mailing Address

455 DOUGLAS AVE. SUITE 1755
ALTAMONTE SPRINGS FL 32714-2518

3. Date Incorporated or Qualified

10/31/1986

3a. Date of Last Report

2. Principal Place of Business

21 222 S. Westmonte Dr

Suite, Apt. #, etc.

22 205

City & State

23 Altamonte Springs FL

Zip

24 32714

Country

2a. Mailing Address

26 P.O. Box 940248

Suite, Apt. #, etc.

27

City & State

28 Maitland Florida

Zip

29 32794

Country

30

4. FEI Number

59-3440432

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

REIFF, ANDREW L
455 DOUGLAS AVE, SUITE 1755
ALTAMONTE SPRINGS FL 32714

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

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 ☐ DELETE

NAME D
HODGSON, ROBERT D
STREET ADDRESS 282 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME D
HODGSON, WILLIAM E JR
STREET ADDRESS 30 FAITH DR
CITY-ST-ZIP HAMPSTEAD NH 03841

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 ☐ 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 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 included 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 in an attachment with an address.

SIGNATURE: Robert D. Hodgson
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5.1.97 407.082.7758
Date Daytime Phone #

9034 (9/96)