

FILE NOW: FILING FEE AFTER MAY 15 IS \$150.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

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

APPROVED AND FILED

DOCUMENT # 997000001135

Amended AK 99 OCT 20 PM 4:05

1. Corporation Name

TREASURE CLOSET, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1251 SOUTH THIRD STREET
Jacksonville Beach FL 32250
904 247-0060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-14-99

2. Principal Place of Business

2a. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

4. FEI Number

593421294

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

32250

USA

30

DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSEEN M. LONGLEY

81 Name

SUSEEN M. LONGLEY

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

3727 Sanctuary Way N

83

84 City

Jacksonville Bch FL

85 Zip Code

32250

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: Suseen M. Longley, President 9/23/99

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

Beverly DAVIS

☒ DELETE

NAME

President

STREET ADDRESS

Jax Bch

CITY-ST-ZIP

1251 S 3rd St FL 32250

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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

President

1.2 NAME

Suseen M. Longley

1.3 STREET ADDRESS

3727 Sanctuary Way N

1.4 CITY-ST-ZIP

Jax Bch FL 32250

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002982658--S

-09/09/99--01066--015

***35.00 ***35.00 nge

800002982658--S

-11/02/99--01037--022

***26.50 ***26.50 Addition

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, with all other like empowered.

SIGNATURE:

Suseen M. Longley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/99

Daytime Phone #

CR2E034 (11/98)