

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000008699 (5)

1. Corporation Name

QUILTERS CORNER, INC.

FILED

98 JUN -5 14 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

12715-5 MCGREGOR BLVD.
FORT MYERS FL 33919

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FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

65-06793 99

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JELENIOWSKI, KELLY E
12715-5 MCGREGOR BLVD.
FORT MYERS FL 33919

81

Name

Kathleen Dollar

82

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

1317 CALOOSA VISTA

83

84

City

Ft. Myers FL

FL

85

Zip Code

33901

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

KATHLEEN DOLLAR

Signature typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Kathleen S. Dollar 5-1-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JELENIOWSKI, KELLY E	
STREET ADDRESS	17182 CAPRI DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MALOV, PATRICIA	
STREET ADDRESS	8566 KESTREL DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOLLAR, KATHLEEN S	
STREET ADDRESS	1317 CALOOSA VISTA	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Roy McCall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1373 STADLER DR	
1.3 STREET ADDRESS	FL MYERS FL 33901	
1.4 CITY-ST-ZIP		
2.1 TITLE	Judith McCall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1373 STADLER DR	
2.3 STREET ADDRESS	FL MYERS, FL 33901	
2.4 CITY-ST-ZIP		
3.1 TITLE	1317 Caloosa Vista	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ft. Myers, FL 33901	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002553838--2	
4.3 STREET ADDRESS	-06/09/98--01124--008	
4.4 CITY-ST-ZIP	****150.00 ****150.00	
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		

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.

CR2E034 (10/97)