

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000012692**

1. Corporation Name

THE FRANCY CORPORATION

Principal Place of Business

4211 E BUSCH BLVD
STE B
TAMPA FL 33617
US

Mailing Address

8901 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90024 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

2. Principal Place of Business

2a. Mailing Address

21

26

19116 Mandarin Grove Pl

4. FEI Number

59-3428148

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Tampa, Florida

6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24

25

29

33647

30

U.S.

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKEOWN, CYNTHIA L
8901 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647

81 Name
Cynthia L. McKeown

82 Street Address (P.O. Box Number is Not Acceptable)
19116 Mandarin Grove Place

83

84 City
Tampa

FL

85 Zip Code
33647

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 *Cynthia L. McKeown*

Cynthia L. McKeown

4/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCKEOWN, CYNTHIA L**
STREET ADDRESS **8901 MAGNOLIA CHASE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33647**

1.1 TITLE **D/S/T/V** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **19116 Mandarin Grove Place**
1.4 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **D** ☐ DELETE
NAME **MCKEOWN, FRANCIS E**
STREET ADDRESS **8901 MAGNOLIA CHASE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33647**

2.1 TITLE **D/C/P** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **19116 Mandarin Grove Place**
2.4 CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Cynthia L. McKeown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (813) 910-4449

Date

Daytime Phone #

CR2E034(1/98)