

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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90002 013 ***550.00

0511292

DOCUMENT # P97000029243

1. Corporation Name

SHOPPES OF MISS MARY, INC.

Principal Place of Business

2106 WILLOW LAUREN LANE
WINDERMERE FL 34786
US

Mailing Address

2106 WILLOW LAUREN LANE
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3437379

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 108 LAKEVIEW DRIVE
Suite, Apt. #, etc.

22 ST. CLOUD, FL

City & State

23 34769

Zip

Country

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9. Name and Address of Current Registered Agent

JAMIESON, MARY C
2106 WILLOW LAUREN LANE
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name RUSSELL A. HENSLEY
82 Street Address (P.O. Box Number is Not Acceptable)
108 LAKEVIEW DRIVE
83 ST. CLOUD, FL 34769
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

Russell A. Hensley

(NOTE: Registered Agent signature required when reinstating)

DATE

6/19/99

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

OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	JAMIESON, MARY C	
STREET ADDRESS	21606 WILLOW LAUREN LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLONA, MERCEDES	
STREET ADDRESS	1125 HALL LANE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2106 WILLOW LAUREN LANE	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NIDA G. HENSLEY	
2.3 STREET ADDRESS	108 LAKEVIEW DRIVE	
2.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUSSELL A. HENSLEY	
3.3 STREET ADDRESS	108 LAKEVIEW DRIVE	
3.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/99

Date

407 824-4313

Daytime Phone #

CR2E034 (11/98)