

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90060 007 \*\*\*158.75

DOCUMENT # P97000035134

1. Corporation Name

KAREN'S DOLLS & THINGS, INC.



Principal Place of Business

1502 HENDRICKS AVE  
JACKSONVILLE FL 32207  
US

Mailing Address

1502 HENDRICKS AVE  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-3442075

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Cour try

29 Zip

Country

25

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

Mary Anne Connor

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

1725 Furman Rd.

83

84 City

Jacksonville

FL

85 Zip Code

32217

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 Mary Anne Connor

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

MARY ANNE CONNOR

(NOT a Registered Agent signature required when reinstating)

3-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME SIEGRIST, KAREN C  
STREET ADDRESS 211 HALLOWES DR S  
CITY-ST-ZIP ST MARYS GA 31558

TITLE VPS  
NAME SIEGRIST, MICHAEL S  
STREET ADDRESS 211 HALLOWES DR S  
CITY-ST-ZIP ST MARYS GA 31558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 26 London Hill Lane  
1.4 CITY-ST-ZIP Woodbine GA 31569

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 26 London Hill Lane  
2.4 CITY-ST-ZIP Woodbine GA 31569

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

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen C Siegrist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen C. Siegrist President

3-12-99

Date

704-396-9277

Daytime Phone #

CR2E034 (1/98)