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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043702 (4)

**AUNTIE M'S ANTIQUES, INC.** 

## **FILED** Mar 24 1998 8:00am Secretary of State



D: : : : : : : : : : : : : : : : : : :							. <b>84</b> (       <b>88</b>    <b>47</b>	irof of the source	
Principal Place of Business Mailing Address									
1710 ALTERNATE 19 1710 ALTERNATE 19 PALM HARBOR FL PALM HARBOR FL						1			
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 05/08/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	
21		26				59-3446021	<del></del>	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Sa.75 Additional Fee Required			
City & State	City & State	ato			6. Election Campaign Financing \$5.00 May Be				
23	28				Trust Fund Contribution		to Fees		
Zip	Country	34/283		intry		8. This corporation owes or has paid the cu			
24 34	683 25	20 - / 70	30	<del>,</del>				No	
	9. Name and Address of Curre	nt Hegistereo Agent		81	Name	10. Name and Address of New Registered	Agent		
MACPHERSON, GILBERT P					o Name				
1822 DREW STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 8				83					
CLEARWATER FL 34625				83					
				84	City		85 Zip	Code	
				1 1		FL	_     `		
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the a	bove-	named cor	rporation submits this statement for the purpose cation's board of directors. I hereby accept the ap	of changing i	its registered	
agent. I a	in familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Stat	tutes.	inc oorpore	and a bound or an botors. Thoroby accopt the ap	DOM NOTICE ELO	s togistorea	
SIGNATURE									
	Signature, typed or printed name of registered ag			d Agen	l eignature requ	uired when reinstating) DATE			
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D DELETE			1.1 TITLE			Change	Addition	
NAME	SWEGER, MARY LOU		1,2 N			•			
STREET ADDRESS 2888 DEER RUN NORTH				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			22-	11.1	
CITY-ST-ZIP	CLEARWATER FL 34821						27/	[] Addition	
TITLE	_			2.1 TITLE			Change	L_] Addition	
NAME	SWEGER, JOHN 2888 DEER RUN NORTH		2.2 N	2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS			2.3 S			•	73	3761	
CITY-ST-ZIP	CLEARWATER FL 34621			ITY-ST	-ZIP				
TITLE	☐ DELETE :			3.1 TITLE			Change	Addition	
NAME			3.2 N	AME		•			
STREET ADDRESS			3.3 S	TREET A	ADDRESS .				
CITY-ST-ZIP				HTY-ST	- ZIP			<del>-</del>	
TITLE	DELETE 4.1			TLE			☐ Change	Addition	
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 S	TREET A	ADDRESS	1			
CITY-ST-ZIP			4.4 C	ITY-ST	- ZIP				
TITLE	DELETE 5.1			5.1 TITLE			☐ Change	Addition	
NAME			5.2 N	AMÉ					
STREET ADDRESS	•		5.3 5	TREET A	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST	- ZIP				
TOLE				6.1 TITLE		<del></del>	Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET A	ADDRESS				
CITY-ST-ZIP				ITY-ST					
	cortify that the information cumpled t	with this films door not qualify to				n Section 119 07(3)(i) Florida Statutes I further o	artify that the	n information	

Endows bothly make the information supplies with this times does not quarry for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report is or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

Mary Low Suppose

\* 3-13-98 #8/2/2025/5

CR2E034 (10/97)