

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

FILED

Feb 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000066748 (9)**

1. Corporation Name

**CANDLE SHOPS OF CENTRAL FLORIDA INC.**

Principal Place of Business

**1891 BOMI CIRCLE  
WINTER PARK FL 32782  
112 TOWNE CENTER CR  
SANFORD, FL 32771**

Mailing Address

**1891 BOMI CIRCLE  
WINTER PARK FL 32782  
5087 PARKRIDGE CT  
OVIEDO, FL 32765-8743**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1997**

4. FEI Number

**59-3473991**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**NEWMAN, MARSHA L  
1891 BOMI CIRCLE  
WINTER PARK FL 32782**

10. Name and Address of New Registered Agent

81 Name **PATRICE HORGAN**

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

**5087 PARKRIDGE CT**

83

84 City **OVIEDO**

**FL**

85 Zip Code **32765-8743**

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

*Patrice Horgan*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME **D NEWMAN, MARSHA L**

STREET ADDRESS **1891 BOMI CIRCLE**

CITY-ST-ZIP **WINTER PARK FL 32782**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME **PATRICE HORGAN**

13 STREET ADDRESS **5087 PARKRIDGE CT**

14 CITY-ST-ZIP **OVIEDO FL 32765-8743-160**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

*Patrice Horgan*

**1/23/97 4076572WA**

CR2E034 (10/97)