

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90010 008 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000066952**

1. Corporation Name

FANCY FANTASY'S COSTUMES INC.

Principal Place of Business

**3645 NORTH HIGHWAY, 19-A
MOUNT DORA FL 32757**

Mailing Address

**3645 NORTH HIGHWAY, 19-A
MOUNT DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

59-3461202

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.

☐

Yes

☐ No

2. Principal Place of Business

21 4280 N. Hwy 19-A

Suite, Apt. #, etc.

22 Ste #4

City & State

23 Mt Dora, FL

Zip

24 32757

Country

25 US

2a. Mailing Address

26 4280 N. Hwy 19-A

Suite, Apt. #, etc.

27 Ste 4

City & State

28 Mt Dora, FL

Zip

29 32757

Country

30 US

9. Name and Address of Current Registered Agent

**WOODWARD, IVAH MARIE
4855 N HWY 19-A
MT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name

BARBARA Woodward

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

4280 N. Hwy 19-A Ste 4

83

84 City

Mt Dora

FL

85 Zip Code

32757

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

Barbara Woodward

President

7/16/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WOODWARD, BARBARA A**
STREET ADDRESS **42009 ASH AVENUE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **V** ☐ DELETE
NAME **WOODWARD, EARNEST C**
STREET ADDRESS **42009 ASH AVENUE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **T** ☐ DELETE
NAME **WOODWARD, CHRISTOPHER L**
STREET ADDRESS **13017 FISH CAMP ROAD**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **C** ☐ DELETE
NAME **WOODWARD, MICHELL L**
STREET ADDRESS **522 HIGHLAND DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **S** ☐ DELETE
NAME **WOODWARD, IVAH MARIE**
STREET ADDRESS **1510 INDIANA AVENUE**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE: **Barbara Woodward**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/99

Date

352-589-0626

Daytime Phone #

CR2E034 (5/99)