

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
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 042 ***150.00

DOCUMENT # P97000070265

1. Corporation Name
ANDERSEN'S CUSTOM EMBROIDERY, INC.



Principal Place of Business

~~2225 MORNING DOVE CT~~
~~ORANGE PARK FL 32073~~

Mailing Address

~~2225 MORNING DOVE CT~~
~~ORANGE PARK FL 32073~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3464533

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 ~~1233 Kingsley Ave~~

Suite, Apt. #, etc.

22 ~~—~~

23 ~~Orange Park, FL~~

24 ~~32073~~ 25 ~~USA~~

2a. Mailing Address

26 ~~P.O. Box 884~~

Suite, Apt. #, etc.

27 ~~—~~

28 ~~Orange Park, FL~~

29 ~~32067~~ 30 ~~USA~~

9. Name and Address of Current Registered Agent

ROLL, CYNTHIA
2225 MORNING DOVE CT
ORANGE PARK FL 32073
3040 magnolia Rd S.
Orange Park, FL 32073

10. Name and Address of New Registered Agent

81 Name

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

3040 magnolia Rd S.

83

84 City **Orange Park**

FL

85 Zip Code **32073**

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

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 **ROLL, CYNTHIA**
STREET ADDRESS **2225 MORNING DOVE CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **ST** ☐ DELETE

NAME **HICKINBOTHAM, KATHERINE**
STREET ADDRESS **2225 MORNING DOVE CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

3040 magnolia Rd S.
Orange Park, FL 32073

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

— CR2E034 (1/98)