

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90008 006 ***150.00

DOCUMENT # P97000080782

1. Corporation Name
OUR SHOPPE, INC.



Principal Place of Business
**6855 WILSON BLVD
SUITE 15
JACKSONVILLE FL 32210
US**

Mailing Address
**6855 WILSON BLVD
SUITE 15
JACKSONVILLE FL 32210
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

59-3472805

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 **4100 BELFORT RD STE 3B**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

22 **JAX. FL**

City & State

23 **32216**

Zip Country

24 **32216**

Country

25 **US**

26 **US**

27 **US**

28 **US**

29 **US**

30 **US**

9. Name and Address of Current Registered Agent

**NICHOLS, DOLORES
6855 WILSON BLVD., STE. 15
JACKSONVILLE FL 32210-3600**

10. Name and Address of New Registered Agent

81 Name **Rita Canaday**

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

Rt. 2 Box 632

83 **Glen St Mary**

84 City **Glen St Mary**

FL

85 Zip Code

32210

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 **D** ☒ DELETE
NAME **NICHOLS, DOLORES**
STREET ADDRESS **28 PRATTWOOD LN.**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **D** ☐ DELETE
NAME **CANADAY, RITA W**
STREET ADDRESS **RTE. 2, BOX 632**
CITY-ST-ZIP **GLEN ST. MARY FL 32040**

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

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 **Lynn D Morrell**
3.3 STREET ADDRESS **8650 Hammond Forest Dr.**
3.4 CITY-ST-ZIP **SAX FL 32221**

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, with all other like empowered.

SIGNATURE:

Rita Canaday

3-26-99

904-779-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)