

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90193 044 ***150.00

DOCUMENT # P98000010052

1. Corporation Name
EXCESSORIES, INC.

Principal Place of Business
**5111-6 BAYMEADOWS ROAD, SUITE 487
JACKSONVILLE FL 32217-4899**

Mailing Address
**5111-6 BAYMEADOWS ROAD, SUITE 487
JACKSONVILLE FL 32217-4899**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1998

4. FEI Number
59-3500267

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 9030 ATLANTIC BLVD

2a. Mailing Address
26 9030 ATLANTIC BLVD

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 JACKSONVILLE FL

City & State
28 JACKSONVILLE FL

Zip
24 32211

Zip
29 32211

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**OBERDORFER, E. CHARLES ESQ
1719 BLANDING BLVD.
JACKSONVILLE FL 32210**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HARDY, RANDY**
CITY-ST-ZIP **5111-6 BAYMEADOWS ROAD, SUITE 487
JACKSONVILLE FL 32217-4899**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **SALISBURY, GARY**
CITY-ST-ZIP **5111-6 BAYMEADOWS ROAD, SUITE 487
JACKSONVILLE FL 32217-4899**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9030 ATLANTIC BLVD**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **VIC PRESIDENT**
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **9030 ATLANTIC BLVD**
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **SECRETARY**
4.4 CITY-ST-ZIP **DAWNA BENNETT
9030 ATLANTIC BLVD
JACKSONVILLE FL**

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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date

904.880.0666
Daytime Phone #

CR2E034 (1/98)