FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90066 009 \*\*\*150.00

## 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

## DOCUMENT # P98000021269

1. Corporation Name

IRIS ANNE'S, INC.

Mailing Address Principal Place of Business 1616 CRAWFORDVILLE HIGHWAY 1616 CRAWFORDVILLE HIGHWAY SUITE B DO NOT WRITE IN THIS SPACE CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 3. Date Incorporated or Qualifed 03/05/1998 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 93502402 Not Applicable 26 \$8:75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Zip Zip Personal Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WADE, HOLLIS Street Address (P.O. Box Number is Not Acceptable) 67 COMMERCE STREET APALACHICOLA FL 32320 83 85 Zip Code 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ DELETE 1.1 TITLE ☐ Change Addition TITLE HARBISON, MARGARET HOLLY 12 NAME NAME 15445-51ST DRIVE 1.3 STREET ADDRESS STREET ADDRESS WELLBORN FL 32094 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE WADE, HOLLIS 2.2 NAME NAME **67 COMMERCE STREET** 2.3 STREET ADDRESS STREET ADDRESS APALACHICOLA FL 32320 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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 addichment with an address, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

CR2E034 (11/98