PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000075455

HEMINGWAY KIDS, INC.

Principal Place of Business

Mailing Address

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90011 027 ***150.00



			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 08/27/1998			
2. Principal Place of Business 2 (2a. Mailing Address			4. FEI Number 71530) 	plied For	
27 675 East Kocks 28 P.O. BOK 18 +		• 	65-0871530		Applicable	
Suite, Apr. 22 27	l. #, etc.		5. Certificate of Status Desired	□ \$8.75 A Fee Re		
City & State bel FC 28 State		pe	6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to		
21 33957 23 U-5.7 29 33	3957 ₃₀ 00	U-SA-	This corporation owes the current Personal Property Tex.	Yes	K (No	
9. Name and Address of Current Registered Age	int		10. Name and Address of New Re	gistered Agent		
		81 Name	dwing Hemings	NAS	ļ	
HEMINGWAY, EDWINA		82 Street Addr	ess (P.Q. Box Number Is Not Acceptable			
675 EAST ROCKS		67	5 East Mocks	<u> </u>		
SANIBEL FL 33957		83				
		84 City		85 Zin C	ode -	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ani per	FL 33	55 1	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiftie or registered agent, or both, in the State of Florida, Such cagent, I am familiar with, and accept the obligations of, Section 6.	lorida Statutes, the hange was authorize 07.0505, Florida Sta	above-named corporation to the c	oration submits this statement for the pa on's board of directors. I hereby accept	upose of changing its in the appointment as reg	registered Jistered	
SIGNATURE			<u> </u>	DATE	[_
Signature, typed or printed name of registered agent and tile if applicable	(NOTE: Registers	d Agent signature required	ADDITIONS/CHANGES TO OFFI		RS IN 12	န္တ
12. OFFICERS AND DIRECTORS		TITLE	ADDITIONS CHANGES TO COLUM	☐ Change	☐ Add tion	=
Contract Heartnessee		VAME				CR2E034 (11/98)
lime so i pocked de.		1				8
STREET ALDRESS 675 EAST 10000 00	⊢ [^{1,3} ;	STREET ADDRESS			[ន
OTY-ST-ZP Sanibel, FL >3957	DELETE 21	TITLE		Change	☐ Add tion	ပ
				(
		NAME STREET ADORESS				<u> </u>
-STREET ALDRESS -2870 - Springhill road		Y				
me vice President		CITY-ST-ZIP		Change	Addition	
me Vice President			•	, 3		
NAME CONTOL Hemingulary		VAME			-	
STREET ALORESS 2890 Springlish 10ad		STREET ADDRESS				
CITY-ST-ZP TO CEMICAS V. C		CITY-ST-ZIP		☐ Change	Addition	
11112						
NAME		NAME			1	
STREET ALONESS		STREET ADDRESS				
CITY-ST-ZP		CITY-ST-ZIP		Change	Addition	
"ILL		ITTLE				
NAME		STREET ADDRESS			ļ	
STREET ALORESS		t t			ľ	l
CITY-ST-ZP		CITY-ST-ZIP		Change	Addition	ı
TITLE		ľ		□ cvininge		
NAME		VANE			}	
STREET AC DRESS		STREET ADDRESS				
CITY-ST-ZIP	646	CITY-ST-ZIP	Section 110 07/3/ii\ Florida Statutes 1 fr		الديكر	ı

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i). Florida Statutes. I furner certify that he 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 only 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.