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 # P98000088392

THE PERFECT WEDDING GUIDE OF JACKSONVILLE, INC.

Principal Place	of Business	Mailing Address				1 (2011)201 (10 15:01 :01)1 agus 2011 agus 2011 agus (11)1 agus 11)1 agus 11	••
539 SELVA LAKE CIRCLE ATLANTIC BEACH FL 32233		539 SELVA LAKE CIRCLE ATLANTIC BEACH FL 32233				DO NOT WRITE IN THIS SPACE	
	ال والمناسب الما المستعمل المواور	لياري مستنيسان المراايدان	⊸ಾ ಕ್ಷಾ			3Date Incorporated or Qualifed	
						10/15/1998	- 1
2. Principal P	ace of Business	2a Maijing Address	$- \leftarrow$			4. FEI Number Applied For	
21		26 tost Off	ice i	Box	331289	3 59-3538498 Not Applicat	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22	.,	27				5. Certificate of Status Desired Fee Required	
City & State)	City & State				6. Election Campaign Financing 55.00 May Be	
23		28 Hantic	Kea	ck.	FU	Trust Fund Contribution Added to Fees	
Zip	Country	-Zip	λz	Country		8. This corporation owes the current year Intangible	
24	25	29/20235 14	30			Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	_
				81	Name		
GROOVER SCHMITT, ELIZABETH				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
539 SELVA LAKE CIRCLE				Qu got riadi			
ATLANTIC BEACH FL 32233				83			
[84	City	85 Zip Code	ᅴ
{				64	City	FL S S S S S S S S S	ļ
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, boned or printed name of registered agent and title if applicable. (NOTE: Registered Agent)						red when reinstating) DATE	
40	Signature, typed or printed name of registered agent a	······································	IOTE: Regis	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,—
12.	OFFICERS AND	DIRECTORS DELETE		1.1 TITLE		Change Addi	
	_			1.2 NAME			
NAME	GROOVER SCHMITT, ELIZABETH 539 SELVA LAKE CIRCLE	l		1.3 STREET	ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	☐ DELETE		1.4 CITY-S	1-ZIP	☐ Change ☐ Addi	ition
TITLE	الماليكية المراجعين والمحال المراجعين			2.2 NAME		عوال من السوالي المالي الماليون الماليون الماليون	
NAME					ADDDESS		ļ
STREET ADDRESS	1		2.3 STREET ADDRESS				
CITY-ST-ZIP				2.4 CITY-S 3.1 TITLE	1-417	☐ Change ☐ Addi	ition
TITLE							
NAME				3.2 NAME	T ADDDEED		i
SINEEL PROVIDES			3.3 STREET				
ONT OF EACH				3.4. CITY- § 4.1 TITLE	1-ZIP	☐ Change ☐ Addi	ition
TITLE				4.1 IIILE 4.2 NAME			

6.4 CITY-ST-ZIP 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 comporation 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADORESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TILE

NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90110 007 ***150.00