

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S73865

(5)

1. Corporation Name

ROSEMARY'S TEA ROOM, INC.



Principal Place of Business

2537 S FLORIDA AVE.
LAKELAND FL 33803

Mailing Address

2537 S FLORIDA AVE.
LAKELAND FL 33803

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

BAILEY, DOUGLAS
2035 IRVING ST.
LAKELAND FL 33801

3. Date Incorporated or Qualified

08/15/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3075209

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 to whom applicable

Date of signature must be dated for change

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BAILEY, ROSEMARY J.
2035 IRVING ST.
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
BAILEY, DOUGLAS
2035 IRVING ST.
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
KITZMILLER, GEORGIA M.
2035 IRVING ST.
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

2601 Sleepy Hollow Lane
Lakeland, FL 33809

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

2601 Sleepy Hollow Lane
Lakeland, FL 33809

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

2601 Sleepy Hollow Lane
Lakeland, FL 33809

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

Date

9416838771

Date of Filing #

CR2E034 (12/95)