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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V36911** (8)

1. Corporation Name  
**TEDDY'S ANTIQUES, INC.**

Principal Place of Business  
**204 4TH AVE., S.  
JACKSONVILLE BCH. FL 32250  
US**

Mailing Address  
**204 4TH AVE., S.  
JACKSONVILLE BCH. FL 32250-6733  
US**

3. Date Incorporated or Qualified  
**05/18/1992**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3131924**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARGETT, DEE F III  
1104 FOURTH AVE N  
JACKSONVILLE BEACH FL 32250**

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

Sign and type the 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PSD  
HARGETT, DEE  
1104 FOURTH AVE N  
JACKSONVILLE BCH FL 32250**

☐ DELETE

**VTD  
HARGETT, LINDA  
1104 FOURTH AVE N  
JACKSONVILLE BCH FL 32250**

☐ DELETE

**VTD  
HARGETT, LINDA  
1104 FOURTH AVE N  
JACKSONVILLE BCH FL 32250**

☐ DELETE

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☐ DELETE

**VTD  
HARGETT, LINDA  
1104 FOURTH AVE N  
JACKSONVILLE BCH FL 32250**

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE: *Linda Hargett* (LINDA HARGETT) 1/4/97 (904) 241-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0039106

CR2E034 (9/96)