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 # V36911

TEDDY'S	S ANTIQUES, INC.					1011 01811 01811 01811 01811 1801
Principal Place	e of Business	Mailing Address			<u>-</u>	ion olon 1100 bigil 1100 i110
204 4TH AVE S. JACKSONVILLE BCH. FL 32250 US 204 4TH AVE S. JACKSONVILLE BCH. FL 32250 US 204 4TH AVE S. JACKSONVILLE BCH. FL 32250 US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
					05/18/1992 4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address			59-3131924	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				 	5. Certificate of Status Desired	\$8.75 Additional
22		27 City & State	-2-2			Fee Required \$5.00 May Be
City & Stati	9	28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country [25]	Zip 29	Cou	ntry	This corporation owes the current year Int Personal Property Tax.	tangible ☐ Yes ☐ No
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent
81 Name				81 Name		
HARGETT, DEE F III			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
1104 FOURTH AVE N JACKSONVILLE BEACH FL 32250			83			
SACROCITYLEE DEACHT I E SEZOO						
				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 title if applicable. (NOT	E: Registered	Agent signature required		
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	PSD	☐ DELETE	1.1 π			
NAME	HARGETT, DEE		1.2 N	REET ADDRESS		
STREET ADDRESS	1104 FOURTH AVE N JACKSONVILLE BCH FL 32250			TY-ST-ZIP		
CITY-ST-ZIP TITLE	VTD	☐ DELETE	2.1 11			☐ Change ☐ Addition
NAME	HARGETT, LINDA		2.2 N	AME		
STREET ADDRESS	1104 FOURTH AVE N		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	Clange		ITY-ST-ZIP		Change Addition
TILE		☐ DELETE	3.1 π			Countries Countries
NAME			3.2 N	REET ADDRESS		
STREET ADDRESS				ITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME			4.21	1		
STREET ADDRESS			4.3 S	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	5.1 3	I		☐ Change ☐ Addition
NAME			5.2 N	AME TREET ADDRESS		ļ
STREET ADDRESS		•		TY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition

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 in changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90066 047 ***150.00