

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V40100** (2)

1. Corporation Name  
**NUTSHELL GREETINGS, INC.**



Principal Place of Business

**201 S MONROE ST  
SUITE 500  
TALLAHASSEE FL 32301**

Mailing Address

**201 S MONROE ST  
SUITE 500  
TALLAHASSEE FL 32301**

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

3. Date Incorporated or Qualified  
**06/01/1992**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**06-1345204**

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

**MILLER, WILTON R  
201 S MONROE ST  
SUITE 500  
TALLAHASSEE FL 32301**

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 or director (delete)

(NOTE: Registered Agent's signature is required when re-registering)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DOUGLAS, ANDRA  
5430 KEMKERRY RD  
WESLEY CHAPEL 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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

**500001798045  
-04/29/96--01024--042  
\*\*\*200.00**

**4-27-96**

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 119.02(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: **ANDRA DOUGLAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96**

Date of Filing

CR2E034 (12/95)