

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V54610** (3)

1. Corporation Name
COURTNEY'S BOUTIQUE, INC.



Principal Place of Business
**5875 HOLLYHOCK DR.
LAKELAND FL 33813
US**

Mailing Address
**P.O. BOX 7200, N/A
LAKELAND FL 33807-7200
US**

3. Date Incorporated or Qualified **07/29/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **1820 s Florida Ave**

2a. Mailing Address
26

4. FEI Number **59-3135858** Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **Lakeland FL**

28

24 **33803**

Country

29

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAHNESTOCK, COURTNEY E.
5875 HOLLYHOCK DR.
LAKELAND FL 33813**

81 Name **Courtney E. Sherrer**

82 Street Address (P.O. Box Number is Not Acceptable)
3805 E Cheverly Dr

83

84 City **Lakeland**

FL

85 Zip Code **33813**

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

Courtney Sherrer
Signature, typed or 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 **D** ☐ DELETE
NAME **FAHNESTOCK, COURTNEY E.**
STREET ADDRESS **5875 HOLLYHOCK DR. 3805**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Courtney E. Sherrer**
1.3 STREET ADDRESS **3805 Cheverly Dr E**
1.4 CITY-ST-ZIP **Lakeland FL 33813**

TITLE **V** ☒ DELETE
NAME **FAHNESTOCK, WADE**
STREET ADDRESS **5875 HOLLYHOCK DRIVE**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE ☐ DELETE
NAME **Andy Procter**
STREET ADDRESS **2716 Cleveland Heights Blvd**
CITY-ST-ZIP **Lakeland FL 33803**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Vice President**
3.3 STREET ADDRESS **2716 Cleveland Heights Blvd**
3.4 CITY-ST-ZIP **Lakeland FL 33803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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*****200.00**

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:

Courtney Sherrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 **682-1939**
DATE TELEPHONE

CR2E034 (12/95)