

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058916

**Entity Name:** FLAME VINE, INC.

**Current Principal Place of Business:**

58 E. MAIN ST.  
UNIT 5  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 1010  
APOPKA, FL 32704-1010 US

**FEI Number: 59-3469575**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCCLURE, JOHN PETER  
5325 SUMMERLIN RD.  
PORT ST. LUCIE, FL 34987 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name MCCLURE, JOHN PETER  
Address 5325 SUMMERLIN RD.  
City-State-Zip: PORT ST. LUCIE FL 34987

Title VP/T  
Name MCCLURE, NANCY B  
Address P.O. BOX 1010  
City-State-Zip: APOPKA FL 32704-1010

Title S  
Name PATRICIA, POSEY  
Address 155 TRAILER HAVEN LANE  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA A POSEY**

**SECRETARY**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date