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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **679789** **(8)**

1. Corporation Name

DESIGN CENTER AT BURNT STORE MARINA,INC.

Principal Place of Business	Mailing Address
6210 N LOCKWOOD RIDGE RD STE 273 SARASOTA FL 34243 US	6210 N LOCKWOOD RIDGE RD STE 273 SARASOTA FL 34243 US

3. Date Incorporated or Qualified: 07/25/1980
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business	2a. Mailing Address
21 244 SHOPPING AVE	26 244 SHOPPING AVE
Suite, Apt. #, etc. 22 222 STE	Suite, Apt. #, etc 27 222 STE
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34237 Country 25 SARASOTA	Zip 29 34237 Country 30 SARASOTA

4. FEI Number: 59-2063725 ☐ 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

9. Name and Address of Current Registered Agent

GRIMLEY, CHRISTOPHER P.
6210 N LOCKWOOD RIDGE RD
STE 273
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: GRIMLEY, CHRISTOPHER P.
82 Street Address (P.O. Box Number is Not Acceptable): 1047 EAST AVE N.
83 SARASOTA, FL
84 City: FL 85 Zip Code: 34237

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 _____ DATE _____
Signature, typed or printed name of individual with authority to sign on behalf of corporation (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIMLEY, CHRISTOPHER P. 6210 N LOCKWOOD RIDGE RD, STE 273 SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition CHRIS GRIMLEY 244 SHOPPING AVE #222 SARASOTA, FL 34237
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMLEY, GAIL 6210 N LOCKWOOD RIDGE RD, STE 273 SARASOTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition GAIL GRIMLEY 244 SHOPPING AVE STE 222 SARASOTA, FL 34237
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: C P Grimley Chris P. Grimley 4/27/95 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity/Title