## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600003270 (3)

THE FRAME OUTLET INC.

Principal Place of Business Mailing Address PO BOX 98 PO BOX 98 FAIRHOPE AL 36533-0098 FAIRHOPE AL 36533 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 4. FEI Number Applied For 63-0910412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 29 Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SELLERS, VIRGINIA 4718 NORTH "W" ST R2 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 83 84 Ciry 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE Change Addition TITLE . WOLFF, ROBERT W JR NAME 1.2 NAME 2321 OLD SHELL ROAD PO BOX 98 N/A STREET ADDRESS 1.3 STREET ADDRESS MBILE AL 36607 **FAIRHOPE AL 36533** 1.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE COLLINS, CATHY B NAME 22 NAME 2321 OLD SHELL RD. PO BOX 98 N/A STREET ADDRESS 2.3 STREET ADDRESS FAIRHOPE AL 36533 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3 1 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I do 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 if changed, or on an attachment with an address.

4.4 C(1) Y - \$1 - 2(P)

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

ANot courts

4.11.97 334.479.3548

Change

☐ Change

Addition

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State