

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G96115 (2)

1. Corporation Name

THE GRATE FIREPLACE & STONE SHOPPE, INC.

Principal Place of Business

**11000 METRO PARKWAY, SUITE 8
METRO PLACE
FORT MYERS FL 33912**

Mailing Address

**11000 METRO PARKWAY, SUITE 8
METRO PLACE
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/13/1984

3a. Date of Last Report

05/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2390106

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

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

**STASKO, WILLIAM J.
11000 METRO PKWY, STE 8
FT. MYERS FL 33912**

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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

STASKO, WILLIAM J.

STREET ADDRESS

17576 TAYLOR DRIVE, S.W.

CITY - ST - ZIP

FT. MYERS FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

SD

NAME

STASKO, HELYN R.

STREET ADDRESS

17576 TAYLOR DRIVE, S.W.

CITY - ST - ZIP

FT. MYERS FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

VP

NAME

STASKO, WILLIAM J. II

STREET ADDRESS

6220 TIMBERWOOD CRL #124

CITY - ST - ZIP

FT. MYERS FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

T

NAME

KEY, MRS. WM. DAVID

STREET ADDRESS

439 PRATHER DR

CITY - ST - ZIP

FT. MYERS FL

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Name #

4-28-95