SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

(6)

FILED Jul 16 1998 8:00am Secretary of State

SOUTHERN COMFORT GALLERY & FRAME SHOP, INC.				F 430 (TO 01/3 (4)34 (191) 034/6 \$1(0) 061/ 061	D) (0 0 1 1 1 1 1 1 1 1		
Principal Place of Business Mailing Address						EIL BADAR BADAR DIBAR BADAR BADAR IDDI	
% DAVIS B. BE	% DAVIS B. BREWER						
2813 E. CERVANTES ST. 2813 E		2813 E. CERVANTES ST.					
PENSACOLA FL 32503		PENSACOLA FL 32503			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/20/1985		
2. Principal Place of Business		2a. Malling Address		4. FEI Number	Applied For		
21		26		59-2621965	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		27 City & State					
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		8. This corporation owes or has paid the			
24	25	<u></u>	30	.,	Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Curren	t t			10. Name and Address of New Register	ed Agent	
BREWER, DAVIS B.				81 Name		•	
2813 E. OERVANTES ST.			+	32 Street A	ess (P.O. Box Number is Not Acceptable)		
PEN	SACOLA FL 32503			0.100(7	adiobs (1 .c. box realisor to Not Notobalisor)		
	i e e e e e e e e e e e e e e e e e e e		[1	83	11 		
	•			34 City		85 Zip Code	
						• L.]	
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							
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	The second secon	1 (0) / 100 (10) (1) / March 10 /					
12.	Signature, typed or printed name of registered agor	nt and title if applicable. (NOT ID DIRECTORS	E: Registero	d Agent linegA b	e required when relastating) DAT ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP - OFFICERS AN	DELETE	1.1 TITL	E I	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	BREWER, DAVIS B.	E DECEIE	1.2 NAM			Cutange C vacation	
STREET ADDRESS	2813 E. CERVANTES ST.		1,3 STR	ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY	ST-ZIP			
TITLE	D	DELETE	2.1 TITL	E		Change Addition	
NAME	BREWER, LEAH B.		2.2 NAM	E			
STREET ADDRESS	2813 E. CERVANTES ST.		2.3 STRI	EET ADDRESS	•		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY				
TITLE	•	DELETE	3.1 TITL			Change Addition	
NAME		3.2 N/					
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			3.4 CITY	·· · · · · · · · · · · · · · · · · · ·			
TITLE		L DELETE	4.1 TITL 4.2 NAM			Change Addition	
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.3 STR				
TITLE		DELETE	5.1 TITL		44	Change Addition	
NAME		☐ DECE 1C	5.2 NAM			Ondings Mandoll	
STREET ADORESS			1	ET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY	1			
TITLE		DELETE	6.1 TITL			Change Addition	
NAME		 ··	6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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.

CICMATURE