

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M15042** (8)

1. Corporation Name

STAINED GLASS EMPORIUM, INC.



Principal Place of Business

Mailing Address

**2221-E TAMiami TRAIL
PT. CHARLOTTE FL 33948**

**2221-E TAMiami TRAIL
PT. CHARLOTTE FL 33948**

3. Date Incorporated or Qualified

05/07/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2638703

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, M. JANE
2221-E TAMiami TRAIL
PORT CHARLOTTE FL 33948**

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 of person who is registered agent and title, if applicable

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ARNOLD, M. JANE**
CITY- ST- ZIP **2221-E TAMiami TRAIL**
PORT CHARLOTTE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP ☐ Change ☐ Addition

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP ☐ Change ☐ Addition

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP ☐ Change ☐ Addition

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP ☐ Change ☐ Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. Jane Arnold **M. JANE ARNOLD**

8-6-96

941
255-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempted From #

CR2E034 (3/96)