

FILE THIS FORM AFTER MAY 15 1995

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000043110 (4)

1. Corporation Name

HEARTH & HOME CHRISTIAN LIVING STORES, INC.

Principal Place of Business

Mailing Address

**3570 CLARK RD
SARASOTA FL 34231
US**

**3570 CLARK RD
SARASOTA FL 34231
US**

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date of Report (Required)	3a. Date of Last Report
06/17/1993	05/01/1994
4. FEI Number	Applied For Not Applicable
65-0417588	
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. The corporation has liability for information under the 1993 US Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, H. GREG
2014 4TH ST.
SARASOTA FL 34237**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	D	NAME	☐ Change ☐ Addition
NAME	TROYER, JON A	NAME	
STREET ADDRESS	2945 MICHIGAN ST.	STREET ADDRESS	
CITY & STATE	SARASOTA FL 34237	CITY & STATE	
NAME	D	NAME	☐ Change ☐ Addition
NAME	TROYER, ANITA J	NAME	
STREET ADDRESS	2945 MICHIGAN ST.	STREET ADDRESS	
CITY & STATE	SARASOTA FL 34237	CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

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 607.0602, Florida Statutes. I further certify that the information included 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 on the oath. That I am an officer or director of this corporation or the recipient of trustee information provided to me on this report as required by Chapter 1407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon A. Troyer

4/29/95 (813) 927-2201