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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043110 (4)

HEARTH & HOME CHRISTIAN LIVING STORES, INC.

Principal Place of Business Mailing Address							, warre <b>91999 11191 1194</b> 1 1	1011 6411 1941	
3570 CLARK SARASOTA FI US		9570 CLARK RD. Sarasota fl 34231 US					DO NOT WRITE IN THIS SPACE		
00		00					3. Date incorporated or Qualified		<del></del>
ı							06/17/1993		
2. Principal P	lace of Business	2a. Ma	alling Address				4. FEI Number		Applied For
21			26				65-0417588	1	Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.					□ \$8.75	Additional
22		27	7				5. Certificate of Status Desired	Fee F	Required
City & State	9	Cit	y & State				6. Election Campaign Financing	\$5.00	May Be
23		28		-			Trust Fund Contribution	☐ Added	d to Fees
Zip	Country	Zış	)	Coun	try		8. This corporation owes or has paid		~- ~
24			30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	ent Registere	d Agent		<u></u>		10. Name and Address of New Reg	Istered Agent	
	e, H. Greg			le le	31	Name			
2014 4TH ST.				Tē	82 Street Add		reet Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34237					$\perp$				
				6	33				
				É	14	City		- 85 Zip	Code
					- 1	•		FL	
SIGNATURE	Signature, typod or printed name of required	egent and life if ap	picable (NC	OTE: Registered A		nt signature required		DATE	
12.		ND DIRECTO		13.		<del></del>	ADDITIONS/CHANGES TO OFFICE		
TITLE	D		☐ DELETE	1.1 TITL				☐ Change	Addition
NAME	TROYER, JON A			1.2 NAM					
STREET ADDRESS	2945 MICHIGAN ST.					address			
CITY-ST-ZIP	SARASOTA FL 34237		- Drugge	1.4 CITY		- ZIP			Addition
TITLE	D ANITA I		DELETE	2.1 TITU		}		☐ Change	Addition
NAME	TROYER, ANITA J			2.2 NAM					
STREET ADDRESS	2945 MICHIGAN ST.					ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237		DELETE	2. 4 CIT		I-ZIP		Change	Addition
TITLE			CT OCTUR	3.1 TITU				Criditye	CT MODINION
NAME CORECT ADDRESS				3.2 NAM		ADDRESS			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3 4. CiT1 4 1 TiTL		1 · ZIP		Change	Addition
NAME			L. DELCTE	4.2 NA		ĺ		C charge	L. Addition
	li di					ADDRESS			
STREET ADDRESS				ſ		ſ			
CITY-ST-ZIP TITLE		·	DELETE	5.1 TITL		- 211"		Change	Addition
NAME				5.2 NAM		1		C Susuge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1						*DDBccc			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITL		-111		Change	Addition
NAME			Ca percit	6.2 NAM					
STREET ADDRESS						ADDRESS			
DIRECT MUUNUSS				■ 0.3 SIMI	LE I F	ו מכשחעטר			

14. Thereby 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.

SIGNATURE:

CITY-ST-ZIP

JON A. TROYER

4/27/98

(941)927-2201

**FILED** 

Jun 01 1998 8:00am

Secretary of State