

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044455 (0)**

1. Corporation Name

STAINED GLASS FANTASY, INC.



Principal Place of Business

**12591 COUNTRY EAGLE LANE
CAPE CORAL FL 33909**

Mailing Address

**12591 COUNTRY EAGLE LANE
CAPE CORAL FL 33909**

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

650599202

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

9. Name and Address of Current Registered Agent

**BARNES, BRUCE J
C/O STAINED GLASS FANTASY, INC.
12591 COUNTRY EAGLE LANE
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent

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 607.0508, 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

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	BARNES, BRUCE J	
3. STREET ADDRESS	12591 COUNTRY EAGLE LANE	
4. CITY, ST, ZIP	CAPE CORAL FL 33909	
5. TITLE	D	☐ DELETE
6. NAME	BARNES, AMY J	
7. STREET ADDRESS	12591 COUNTRY EAGLE LANE	
8. CITY, ST, ZIP	CAPE CORAL FL 33909	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 it made under oath, that I am an officer or director of this 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:

Bruce J. Barnes

BRUCE J. BARNES

2/1/96

941-574-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)