

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 14 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000070333 (6)

1. Corporation Name

SARASOTA FIREPLACE CENTER, INC.

Principal Place of Business

1120 CENTRAL AVE  
SARASOTA FL 34236

Mailing Address

1120 CENTRAL AVE  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2253821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HILLIARD, DAVID  
1120 CENTRAL AVE  
SARASOTA FL 34236

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 607.1508, 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, typed or printed name of 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	P	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DAVID HILLIARD	1.2 NAME	400002272204-1
STREET ADDRESS	1120 CENTRAL AVE	1.3 STREET ADDRESS	08/20/97-01058-024
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VP	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRANK FLEEMAN	2.2 NAME	
STREET ADDRESS	1120 CENTRAL AV	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E034 (4/97)

SARASOTA FIREPLACE CENTER  
1120 CENTRAL AVE.  
SARASOTA, FL 34231



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August 8, 1997

To: Department of State  
P.O. Box 6327  
Tallahassee FL 32314

RE: 1997 Profit Corporation Annual Report

To Whom It May Concern,

As per my conversation with your office, please find enclosed our annual report with a check for \$165.00. We never received the first notice. Also, after checking with some of the other local contractors in this area, I found that we were not only ones who did not receive a first notice. So, we feel that we should not be penalized. Thank you.

Sincerely,

David L. Hilliard  
President

DLH/sb