

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.)

APPROVED  
AND  
FILED

pg. 1 of 2

97 AUG -8 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000070703 (0)**

1. Corporation Name

**CHAIR AND BARSTOOL REBUILDERS, INC.**



Principal Place of Business

**3130 S.W. 19TH ST.  
UNIT 449  
HALLANDALE FL 33009**

Mailing Address

**3130 S.W. 19TH ST.  
UNIT 449  
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/13/1995**

3a. Date of Last Report

**08/08/1996**

4. FEI Number

**APPLIED FOR 65-0609972**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 265 SW Pt. St. Lucie Blvd**

Suite, Apt. #, etc.

**22 #217**

City & State

**23 Port St. Lucie FL**

Zip

**24 34984**

Country

**25 US**

2a. Mailing Address

**26 265 SW Pt. St. Lucie Blvd**

Suite, Apt. #, etc.

**27 #217**

City & State

**28 Port St. Lucie, FL**

Zip

**29 34984**

Country

**30 US**

9. Name and Address of Current Registered Agent

**PICHIE, DAWN M  
3130 S.W. 19TH ST.  
UNIT 449  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**265 SW Pt. St. Lucie Blvd**

83 #217

84 City **Port St. Lucie**

**FL**

85 Zip Code **34984**

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

*Dawn M. Pichie*  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PICHIE, DAWN M**  
STREET ADDRESS **3130 S.W. 19TH ST. UNIT 449**  
CITY - ST - ZIP **HALLANDALE FL 33009**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D.** ☒ Change ☐ Addition

1.2 NAME **PICHIE, DAWN M**  
1.3 STREET ADDRESS **265 SW Pt. St. Lucie Blvd, #217**  
1.4 CITY - ST - ZIP **Port St Lucie FL 34984**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**900002265459-5**  
**-08/13/97-01037-004**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*A. Alar*  
**8/8/97**

14. I do hereby 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 *Dawn M. Pichie*

CR2E034 (4/97)

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CHAIR & BARSTOOL REBUILDERS, INC.  
265 SW Port St. Lucie Boulevard, # 217  
Port St. Lucie, FL 34984

July 28, 1997

Department of State  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attn: Corporate Filings

Enclosed please find our check for \$165.00 for our corporate annual report. We just received this "second" notice in the mail but we never received the first notice.

Sincerely,



Dawn M. Piche  
Director