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FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

DOCUMENT #

1. Corporation Name

996 0000 32431  
Freitag's Furniture Refinishing Inc.

Principal Place of Business

Mailing Address

917 S. 14th St.  
Hawthorne FL 34748

3. Date Incorporated or Qualified

3a. Date of Last Report

041596

N/A

4. FEI Number

59-3376252

Applied For

Not Applicable

2. Principal Place of Business

21 917 S. 14th St.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

Hawthorne FL

28

Zip

Country

Zip

Country

24

34748

25

LAKE / US.

29

30

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

10. Name and Address of New Registered Agent

LARRY A. Freitag  
P.O. Box 1033  
Fruitland PK FL 34731  
640 Sugarfoot Lane  
Fruitland PK FL 34731

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

040197

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE LARRY A. Freitag  
NAME P.O. Box 1033  
STREET ADDRESS 640 Sugarfoot Lane  
CITY-ST-ZIP Fruitland PK, FL 34731

1.1 TITLE P  
1.2 NAME LARRY A. Freitag  
1.3 STREET ADDRESS P.O. Box 1033  
1.4 CITY-ST-ZIP 640 Sugarfoot Lane  
Fruitland PK FL 34731

TITLE SARAH M. Freitag  
NAME P.O. Box 1033  
STREET ADDRESS 640 Sugarfoot Lane  
CITY-ST-ZIP Fruitland PK FL 34731

2.1 TITLE V  
2.2 NAME SARAH M. Freitag  
2.3 STREET ADDRESS P.O. Box 1033  
2.4 CITY-ST-ZIP 640 Sugarfoot Lane  
Fruitland PK FL 34731

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

Sarah M. Freitag SARAH M. Freitag

041597

352-  
728-3091

CR2E034 (12/95)