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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000100298 (4)

1. Corporation Name

ANTIQUE WAREHOUSE OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

6370 US HIGHWAY #1, NORTH
ST. AUGUSTINE FL 32095

6370 US HIGHWAY #1, NORTH
ST. AUGUSTINE FL 32095-8158

3. Date Incorporated or Qualified

12/09/1996

3a. Date of Last Report

4. FEI Number

59-3422345

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, SUSAN A
6370 US HIGHWAY #1, NORTH
ST. AUGUSTINE FL 32095

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 type: For principal named registered agent and for change liability.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D
2. NAME: JOHNSTON, SUSAN A
3. STREET ADDRESS: 6370 US HIGHWAY #1, NORTH
4. CITY-STATE-ZIP: ST. AUGUSTINE FL 32095
5. PVST
6. NAME: JOHNSTON, SUSAN A
7. STREET ADDRESS: 6370 US HIGHWAY #1, NORTH
8. CITY-STATE-ZIP: ST. AUGUSTINE FL 32095
9. TITLE: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY-STATE-ZIP: ☐ DELETE
13. NAME: ☐ DELETE
14. STREET ADDRESS: ☐ DELETE
15. CITY-STATE-ZIP: ☐ DELETE
16. NAME: ☐ DELETE
17. STREET ADDRESS: ☐ DELETE
18. CITY-STATE-ZIP: ☐ DELETE

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY-STATE-ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY-STATE-ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. STREET ADDRESS: ☐ Change ☐ Addition
16. CITY-STATE-ZIP: ☐ Change ☐ Addition
17. TITLE: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. STREET ADDRESS: ☐ Change ☐ Addition
20. CITY-STATE-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton, Printed # 0008465

CR2E034 (9/96)