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FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

2. Principal Place of Business

21 6370 N U.S. Hwy 1

Suite, Apt. #, etc.

22

City & State

23 St. Augustine FL

Zip

24 32095

Country

25 St. Johns

2a. Mailing Address

26 6370 North U.S. Hwy 1

Suite, Apt. #, etc.

27

City & State

28 St. Augustine

Zip

29 32095

Country

30 St. Johns

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

9. Name and Address of Current Registered Agent

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

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

TITLE ☐ DELETE

NAME JOHNSTON, SUSAN A  
STREET ADDRESS 6370 US HIGHWAY #1, NORTH  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME PVST JOHNSTON, SUSAN A  
STREET ADDRESS 6370 US HIGHWAY #1, NORTH  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

14. I 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

Susan A. Johnston

Susan A. Johnston

2-13-98

CR2E034 (10/97)