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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000019854 (3)

STAIRCRAFT OF SARASOTA, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5311 FOX RUN RD 5311 FOX RUN RD SARASOTA FL 34209 SARASOTA FL 34209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For ~ 0 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWENSEN, LEONARD 5311 FOX RUN RD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34209 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELFTE 1.1 TITLE TITLE onard SSwousen 11 Fox Run Rol 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE Kim sweusen Rd 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS aversota F1 34231 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE Marsha Sweuson NAME 3.2 NAME 311 Fox Run Rol STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7)P ☐ D£LFTE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 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 early that I am an officer or director of the coreover 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 attaching of the content of t