

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90017 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000019854**

1. Corporation Name

STAIRCRAFT OF SARASOTA, INC.

Principal Place of Business

**5311 FOX RUN RD
SARASOTA FL 34209**

Mailing Address

**5311 FOX RUN RD
SARASOTA FL 34209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0733599

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWENSEN, LEONARD
5311 FOX RUN RD
SARASOTA FL 34209**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SWENSEN, LEONARD S**
STREET ADDRESS **5311 FOX RUN RD**
CITY-ST-ZIP **SARASOTA FL 34231**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SWENSEN, KIM**
STREET ADDRESS **5311 FOX RUN RD**
CITY-ST-ZIP **SARASOTA FL 34231**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **SWENSEN, MARSHA**
STREET ADDRESS **5311 FOX RUN RD**
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **S** ☒ DELETE
NAME **AUGELLO, LARRY**
STREET ADDRESS **1310 CHARLOTTE AVE**
CITY-ST-ZIP **SARASOTA FL 34239**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SARR, JOHN**
4.3 STREET ADDRESS **5375 RIO VISTA STREET**
4.4 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Kim Veautour Swensen, Vice President/owner
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99
Date

941-923-2529
Daytime Phone #

CR2E034 (5/99)

0102502

STAIRCRAFT OF SARASOTA, INC.

590038-90017-44
797600019854
4233 CLARK RD. SUITE #22
SARASOTA, FL. 34233

Phone 941-923-2529
Fax 941-925-7516

July 08, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN,

I am writing to you regarding The 1999 Profit Corporation Annual Report. Per my phone conversation with Steve on July 7, 1999, I am enclosing the required form along with a check in the amount of \$150.00, which is earmarked for the filing fee. As a result of my conversation with Steve, the late fees were waived since I did not receive the first notification alerting me to file this report.

Thank you for your cooperation and assistance regarding this matter. If you have any questions, please contact me at my place of business at 941-923-2529.

Sincerely,



Kim Veautour Swensen
Vice President