

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 1:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S31890

(4)

1. Corporation Name

GULF COAST FIREPLACE ENTERPRISES, INC.

Principal Place of Business

**124 B JOHN SIMS PKWY
P O BOX 750, NICEVILLE, FL 325781856
VALPARAISO FL 32580**

Mailing Address

**124 B JOHN SIMS PKWY
P O BOX 750, NICEVILLE, FL 325781856
VALPARAISO FL 32580**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

02/14/1991

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3063944

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 110 WISE AVE

Suite, Apt. #, etc.

22 SUITE 1-B

City & State

23 NICEVILLE FL

Zip

24 32578

Country

25 OKALOOSA

2a. Mailing Address

26 P O BOX 750

Suite, Apt. #, etc.

27

City & State

28 NICEVILLE FL

Zip

29 32588

Country

30 OKALOOSA

9. Name and Address of Current Registered Agent

**SUTTON, ROY L
125 B JOHN SIMS PKWY
VALPARAISO FL 32580**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

110 WISE AVE.

83

84 City

NICEVILLE

FL

85 Zip Code

32578

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	SUTTON, ROY L	124 B JOHN SIMS PKWY	VALPARAISO FL
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
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. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
SAME	110 WISE AVE	NICEVILLE FL 32578	
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	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 110.07(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:

Roy L. Sutton President

Roy L. Sutton

4/16/95 904 729-1234