

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S94125** (9)

1. Corporation Name

A TOUCH OF ART - GALLERY & FRAMERY, INC.



Principal Place of Business

**1283 S TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address

**1283 S TAMiami TRAIL
SARASOTA FL 34239**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
07/19/1995

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number
65-0295328

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAIG, STEPHEN M.
1283 S TAMiami TRAIL
SARASOTA FL 34239**

81. Name

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

83. City

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 specified on back of form is required to sign and file if applicable

(NOTE: Registered Agent Signature is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE
NAME **CRAIG, STEPHEN M.**
STREET ADDRESS **1283 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **CRAIG, STEPHEN M.**
STREET ADDRESS **1283 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL**

1.2 NAME

TITLE **D** ☐ DELETE
NAME **SCHROEDER, VIRGIL**
STREET ADDRESS **80 E COURT DR**
CITY-ST-ZIP **DECATUR IL**

1.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Stephen M. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96 941-951-6837

Date Daytime Phone #

CR2E034 (12/95)