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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61699** **(7)**

1. Corporate Name
TREASURE CHEST FINE FURNITURE & ANTIQUES, INC.

Principal Place of Business
313 COLORADO AVENUE
STUART FL 34994

Mailing Address
313 COLORADO AVENUE
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 65 FLAGLER AVE
Suite, Apt. #, etc. 22
City & State 23 STUART FL
Zip 24 34994 Country 25

2a. Mailing Address
26 65 FLAGLER AVE
Suite, Apt. #, etc. 27
City & State 28 STUART FL
Zip 29 34994 Country 30

4. FEI Number: 65-0365211 — 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 has total assets of $ 100,000 or more: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
DEVERCELLY, JAMES
313 COLORADO AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 65 FLAGLER AVE
83
84 City: STUART FL. FL 85 Zip Code: 34994

11. Pursuant to the provisions of Section 607.0505(1)(a), 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 hereby accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEVERCELLY, JAMES E
STREET ADDRESS	313 COLORADO AVE.
CITY, ST, ZIP	STUART FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	65 FLAGLER AVE
CITY, ST, ZIP	STUART FL
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurately typed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, whether sold, that the information shown on the original report or supplemental annual report filed and accurate and that my signature shall have the same legal effect as if made under oath. I hereby certify that I am familiar with the requirements of the Florida Statutes, and that my signature shall have the same legal effect as if made under oath. That