

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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:40

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F45612

(1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ARCHITECTURAL IMAGES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**501 W. PEACHTREE ST., STE. 2
LAKELAND FL 33801**

3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2131861	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 liability for intangible tax under S. 190.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2b. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Country
24. ZIP	29. ZIP
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CLARK, RONALD L.
4740 CLEVELAND BLVD.
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.01(4) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent, as 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 provisions of Sections 607.01(4) and 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME	VD EBERSOLE, RONALD E	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	501 WEST PEACHTREE LAKELAND, FL 00000	2. STREET ADDRESS	
3. CITY	STD	3. CITY	☐ Change ☐ Addition
4. NAME	CRAVEN, MARYLOU	4. NAME	
5. STREET ADDRESS	501 WEST PEACHTREE LAKELAND, FL 00000	5. STREET ADDRESS	
6. CITY	DP	6. CITY	☐ Change ☐ Addition
7. NAME	CRAVEN, T LYNN	7. NAME	
8. STREET ADDRESS	501 WEST PEACHTREE LAKELAND, FL 00000	8. STREET ADDRESS	
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	☐ Change ☐ Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	☐ Change ☐ Addition

14. I do hereby certify that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(4) and 607.1508, Florida Statutes. I further certify that the information contained in this annual report or supplement, annual report or form and as a result and that my signature shall have the same legal effect as if made under oath. That I am aware of and understand the provisions of the requirements for execution of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this form, or on an attached sheet, as an officer or director.

SIGNATURE

SIGNATURE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

05/1/95 013-607-4946

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1995



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

APPROVED

DOCUMENT # **F46463**

(8)

1. Corporation Name

GERSHMAN ENTERPRISES, INC.

Principal Place of Business

% NAT GERSHMAN
5408 FIRST AVENUE DRIVE NW
BRADENTON FL 34209

Mailing Address

% NAT GERSHMAN
5408 FIRST AVENUE DRIVE NW
BRADENTON FL 34209

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

09/29/1981

3a. Date of Last Report

04/29/1994

4. FCI Number

59-2129865

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 liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. # etc.

22. City & State

24. Zip

26. Mailing Address

26. Suite, Apt. # etc.

27. City & State

29. Zip

26. Mailing Address

26. Suite, Apt. # etc.

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

GERSHMAN, NAT
5408 FIRST AVENUE DRIVE, NW
BRADENTON FL 34209

10. Name and Address of New Registered Agent

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 607.0102 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 607.1505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

1. NAME	VSD
2. STREET ADDRESS	GERSHMAN, SANDRA
3. CITY, STATE, ZIP	5408 FIRST AVE DR NW BRADENTON, FL 00000
4. NAME	CPD
5. STREET ADDRESS	GERSHMAN, NAT
6. CITY, STATE, ZIP	5408 FIRST AVE DR NW BRADENTON, FL 00000
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 at the time of filing this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

Nat Gershman

(Signature and Typed or Printed Name of Signing Officer or Director)

42935

816992-9442