

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **J58982** (6)

1. Corporation Name  
**HISTORIC SHUTTER RESTORATION, INC.**

95 APR 20 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% ELIZABETH R. DEVRIES**  
**5700 4TH AVE.**  
**KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/26/1987** 3a. Date of Last Report **02/23/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **5700 4TH AVE** 26 **5700 4TH AVE.**

4. FEI Number **59-2807447** Applied For  
Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

City & State 28 City & State  
23 **KEY WEST FL** 28 **KEY WEST, FL**

6. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution  Added to Fees

Zip Country 29 Zip Country  
24 **33040** 25 **USA** 29 **33040** 30 **USA**

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

9. Name and Address of Current Registered Agent  
**DEVRIES, ELIZABETH R.**  
**6418 SECOND ST.**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent  
81 Name **MATHEW STAUCH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5700 4TH AVE**  
83  
84 City **KEY WEST** FL 85 Zip Code **33040**

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/02/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **DEVRIES, ELIZABETH R.**  
STREET ADDRESS **6418 SECOND ST.**  
CITY-ST-ZIP **KEY WEST FL**

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

TITLE **DS**  
NAME **STAUCH, MATHEW**  
STREET ADDRESS **5700 4TH AVE, S.T.**  
CITY-ST-ZIP **KEY WEST FL 33040**

2.1 TITLE **PRESIDENT**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **5700 4TH AVE**  
2.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
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 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 attached form with an address.

SIGNATURE: *[Signature]* **MATHEW STAUCH** **03/02/95** **3062964332**