

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

**APPROVED
AND
FILED**

95 APR 10 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000071678 (5)

1. Corporation Name
DESTIN CANVAS & AWNING, INC.

CHANGE: DESTIN AWNINGS & CANVAS, INC.

Principal Place of Business Mailing Address

700 SPRING LAKE DR
DESTIN FL 32541
US

700 SPRING LAKE DR
DESTIN FL 32541
US

2. Principal Place of Business 2a. Mailing Address

27 1209 Airport Road 26 1209 Airport Road

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

22 Unit #10 27 Unit #10

City & State City & State

23 Destin, FL 26 Destin, FL

Zip Country Zip Country

24 32541 25 Okaloosa 28 32541 30 Okaloosa

3. Date Incorporated or Qualified 3a. Date of Last Report

10/08/1993 05/01/1994

4. FEI Number Applied For

59-3206667 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

9. Name and Address of Current Registered Agent

GABRIEL, MARK K
700 SPRING LAKE DR
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name Gabriel, Mark K.

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

83

84 City Destin FL 85 Zip Code 32541

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 _____ DATE _____

Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, MARIE	1.2 NAME	
STREET ADDRESS	16 MAPLE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, MARK K	2.2 NAME	
STREET ADDRESS	700 SPRING LAKE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, ROBERT L	3.2 NAME	
STREET ADDRESS	16 MAPLE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: Marie F. Gabriel Marie F. Gabriel 4/9/95 904-837-5995

(Type or Print Name)