

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:58

DOCUMENT # S86755 (3)

1. Corporation Name

SUNSTATE DRAPERY SERVICES, INCORPORATED

Principal Place of Business

2126 S RIVERSIDE DR
EDGEWATER FL 32141
US

Mailing Address

3830 S. NOVA ROAD
SUITE C-7
PORT ORANGE FL 32127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3088781

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 3830 S. NOVA RD.

2a. Mailing Address

26 3830 S. NOVA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C-4

27 SUITE C-4

City & State

City & State

23 PORT ORANGE FL

28 PORT ORANGE FL

Zip

Country U.S.

Zip

Country U.S.

24 32127

25 ~~32127~~

29 32127

30 U.S.

9. Name and Address of Current Registered Agent

LABIAK, ROBERT P.
102 SPRINGWOOD SQ
PORT ORANGE FL 32118

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 607.0502 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, typed or printed name of registered agent and title if applicable

(If the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LABIAK, ROBERT P.
STREET ADDRESS	102 SPRINGWOOD SQ
CITY, ST, ZIP	PORT ORANGE FL
TITLE	V
NAME	LABIAK, ELIZABETH M.
STREET ADDRESS	4885 ARECA PALM ST
CITY, ST, ZIP	COCOA FL
TITLE	S
NAME	LABIAK, PAMELA E.
STREET ADDRESS	4885 ARECA PALM ST
CITY, ST, ZIP	COCOA FL
TITLE	2V
NAME	LABIAK, DAVID C.
STREET ADDRESS	4885 ARECA PALM ST
CITY, ST, ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
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 exemptions stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 addendum.

SIGNATURE: ROBERT P. LABIAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95 (904) 761-9499