FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **178015** **(4)**

1. Corporation Name

JACKSONVILLE VENETIAN BLIND & AWNING CO., INC.

Principal Place of Business	Mailing Address
T/A THOMPSONS SHADE & VENETIAN BLIND C 2036 EVERGREEN AVENUE JACKSONVILLE FL 32206	T/A THOMPSONS SHADE & VENETIAN BLIND C 2036 EVERGREEN AVENUE JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 03/31/1954
3a. Date of Last Report: 03/28/1995

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

4. FEI Number: 59-0717417 ☐ 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

9. Name and Address of Current Registered Agent

RAYMOND G. MOSELEY
CORNER OF ROSE & RIDGE STREETS
KEYSTONE HEIGHTS FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required before entity is validated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, MARY A.	12 NAME	
STREET ADDRESS	12245 BEAVER RUN DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, C. WELDON J	22 NAME	
STREET ADDRESS	12245 BEAVER RUN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	V ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, MARY R	32 NAME	
STREET ADDRESS	CORNER OF ROSE & RIDGE	33 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGHTS, FL 0	34 CITY-ST-ZIP	
TITLE	P ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, RAYMOND G	42 NAME	
STREET ADDRESS	CORNER OF ROSE & RIDGE	43 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGHTS, FL 0	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 attachment with an address.

SIGNATURE: C. Weldon Moseley 3/19/96 904 355-1616
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #