

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 230755

(1)

1. Corporation Name

DECKS, INCORPORATED OF FLORIDA.

Principal Place of Business

**1920 LAKE AVE., SE 4, LARGO, FL 34641
P O BOX 4753
CLEARWATER FL 34618**

Mailing Address

**1920 LAKE AVE., SE 4, LARGO, FL 34641
P O BOX 4753
CLEARWATER FL 34618**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1962

3a. Date of Last Report

04/19/1994

4. FEI Number

59-0699816

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

**IRWIN, JOHN W
1920 LAKE AVENUE SE #6
LARGO FL 34641**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **IRWIN, JOHN W.**
STREET ADDRESS **1920 LAKE AVE SE #6**
CITY - ST - ZIP **LARGO FL**

TITLE **SD**
NAME **IRWIN, DOROTHY Y**
STREET ADDRESS **1920 LAKE AVE SE #6**
CITY - ST - ZIP **LARGO FL**

TITLE **VD**
NAME **BOSWELL, G. WILLIAM JR**
STREET ADDRESS **1920 LAKE AVE SE #6**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **PD**
NAME **BROWN, JANICE L.**
STREET ADDRESS **1920 LAKE AVE SE #6**
CITY - ST - ZIP **LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(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:

Janice L. Brown Janice L. Brown

4/12/95

(813) 443-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Print Name)