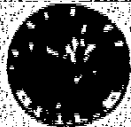


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 370063

(0)

1. Corporation Name

INTERIOR SYSTEMS, INC.

**APPROVED
AND
FILED**

95 APR 19 PM 4:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**13303 US HIGHWAY 19 NORTH
CLEARWATER FL 34624-7225
US**

Mailing Address
**13303 US HIGHWAY 19 NORTH
CLEARWATER FL 34624-7225
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **09/21/1970** 3a. Date of Last Report **04/12/1994**

4. FEI Number **59-1388782** 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**

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSMITH, GLEN REID
13303 US HWY 19 N
CLEARWATER FL 34624**

81 Name **GOLDSMITH, CHARLES BRANDT**
82 Street Address (P.O. Box Number is Not Acceptable)
13303 US HWY 19 N

83

84 City **CLEARWATER**

85 Zip Code **FL 34624**

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

4-14-95

12. OFFICERS AND DIRECTORS

TITLE **PV**
NAME **GORMIN, BARBARA**
STREET ADDRESS **13303 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE **ST**
NAME **PEDRETTEY, BOBI**
STREET ADDRESS **13303 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE **D**
NAME **GOLDSMITH, CHARLES B**
STREET ADDRESS **13303 US HWY 19 N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **ST** ☒ Change ☐ Addition
2.2 NAME **HINING, DEBRA**
2.3 STREET ADDRESS **13303 US HWY 19 N**
2.4 CITY-ST-ZIP **CLEARWATER FL**

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 exemption stated in Section 119.07(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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-14-95 813 536 456