FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441964 1, Corporation Name

THE CANVAS SHOP, INC.

Principal Place of Business

675 4 ST

Mailing Address

675 4 ST P O BOX 1122

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90007 029 ***150.00



P O BOX 1122 VERO BEACH FL 32961		P O BOX 1122 VERO BEACH FL 32961		DO NOT WRITE IN THIS	SPACE	
VENO BEROIT	2 02301	TOTAL DENOTITE (250)		3. Date Incorporated or Qualifed		
					12/18/1973	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				59-1499870	Not Applicable
		Suite, Apt. #, etc.	t, #, etc.			\$8.75 Additional
`		⊢	¬ ' ' '		5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28	8		Trust Fund Contribution	Added to Fees
Zip	Country Zip		Count	ry	8. This corporation owes the current year Inte	ingible
24	25 29 30		30	Personal Property Tax.		
9. Name and Address of Current Registered Agent			1	10. Name and Address of New Registered Agent		
	<u> </u>	<u> </u>	8	1 Name		
MCKINNON, CHARLES R.			·		10 C C 11 11 11 11 11 11 11 11 11 11 11 11	
979	BEACHLAND BLVD.		82 Street Addr		dress (P.O. Box Number is Not Acceptable)	
VERO BEACH FL			8	3		-
			[
	- '	· at	. 8	4 City	 FL	85 Zip Code
44 Primilions	to the arrayisians of Sections 607 05	02 and 607 1508. Florida Statut	es the aho	ve-named čo	progration submits this statement for the purpose of	changing its registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was a	iutnonzea t	v tne corpora	ation's board of directors. I hereby accept the appoir	ntment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statute	9 5 .		
SIGNATURE					uired when reinstating) DATE	<u></u>
	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE ND DIRECTORS		ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	PD OFFICERS A	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AIN	☐ Change ☐ Addition
TITLÉ	, -					
NAME	BARTLETT, ALFRED A		1.2 NAM	1		
STREET ADDRESS	1966 COMMERCE AVE			ET ADDRESS		
CITY-ST-ZIP			1.4 CITY			Change D Addition
TITLE	V □ DELETE 2.1 T		2.1 TITLE			☐ Change ☐ Addition
NAME	Bartlett, Mildred		2.2 NAM	E)		
STREET ADDRESS	1966 COMMERCE AVE		2.3 STR	ET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CET	-ST-ZIP		
TITLE			3.1 TITLE	: "		☐ Change ☐ Addition
NAME	BARTLETT, POLLY		3.2 NAM	E		
STREET ADDRESS	1966 COMMERCE AVE		3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE	D	DELETE	4.1 T(TL)			☐ Change ☐ Addition
NAME	BARTLETT, POLLY R.	_	4. 2 NAN			
STREET ADDRESS	1966 COMMERCE AVE			ET ADDRESS		
	VERO BEACH FL	شنه	4.4 CITY			
CITY-ST-ZIP TITLE	TERO BEAGII FE		5.1 TITLI	$\overline{}$		☐ Change ☐ Addition
	_		5.1 HILD			_
NAME	· 			ET ADDRESS		•
STREET ADDRESS	,		5.4 CITY	}		
CITY-ST-ZIP		☐ 651 ETF	6.1 TITL		,	Change Addition
TITLE ,		☐ DELETE			` <u>.</u>	☐ change ☐ vacation
NAME			6.2 NAM		·	
STREET ADDRESS	}			EET ADDRESS		
0070 / 007 700			6.4 CITY	-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: