

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

**APPROVED
AND
FILED**

95 MAR -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 496105 (8)

1. Corporation Name

DAYTONA VENETIAN BLIND AND DRAPERY COMPANY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

02/06/1976

04/18/1994

4. FEI Number

59-1640184

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

2a. Mailing Address

1715 RIDGEWOOD AVE.
HOLLY HILL FL 32117

1715 RIDGEWOOD AVE.
HOLLY HILL FL 32117

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, WILBURN W.
1715 RIDGEWOOD AVE.
HOLLY HILL FL 32117

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 re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	13. 1.1 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

☐ Change ☐ Addition
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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 or changed, or on an attachment with an address.

SIGNATURE:

Wilburn W. Hickey
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/22/95

906-677-4212
Typed Name