FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:03

DOCUMENT # **581381** **(1)**

1. Corporation Name
FERRIS GALLERIES, INC.

Principal Place of Business	Mailing Address
140 E. MORSE BLVD. WINTER PARK FL 32789	140 E. MORSE BLVD. WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1978**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1849747** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)
8. This corporation has activity for unemployment tax under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, JESSE E.
369 N. NEW YORK AVE
WINTER PARK FL 32790

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	REEVES, MALCOM C. II	2 NAME	
STREET ADDRESS	1271 MAYFIELD AVE	3 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	4 CITY ST ZIP	
TITLE	DV	5 TITLE	☐ Change ☐ Addition
NAME	REEVES, VERONICA C	6 NAME	
STREET ADDRESS	310 CHEROKEE LANE	7 STREET ADDRESS	
CITY ST ZIP	WINTER PARK, FL 00000	8 CITY ST ZIP	
TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY ST ZIP		12 CITY ST ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY ST ZIP		16 CITY ST ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and accurate for the purposes stated in Section 119.07, 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 be 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 above, or on an attachment with an address.

SIGNATURE: Malcolm C. Reeves II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MALCOLM C. REEVES II

2/20/95
Date

407-647-0223
Daytime Phone #

0045674 CP