

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 626430 (3)

1. Corporation Name

ED & SALLY'S SHUTTER SHOP, INC.



Principal Place of Business

5620 SARAH AVE.
SARASOTA FL 34233

Mailing Address

5620 SARAH AVE
SARASOTA FL 34233

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

g. Name and Address of Current Registered Agent

CAUSEY, OMER
2070 RINGLING BLVD.
SARASOTA FL 34237

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 brief if applicable

DATE: Registered Agent's signature and date when signed

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WOLFE, EDWARD E	☐ DELETE
NAME		5620 SARAH AVE	
STREET ADDRESS		SARASOTA, FL 00000	
CITY- ST- ZIP			
TITLE	D	WOLFE, SALLY ANN	☐ DELETE
NAME		5620 SARAH AVE	
STREET ADDRESS		SARASOTA, FL 00000	
CITY- ST- ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			☐ DELETE
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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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)(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: Edward E. Wolfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

941-924-7616

Date

Daytime Phone #

CR2E034 (12/95)