

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 11:10:37

DOCUMENT # **675260** (4)

1. Corporation Name
FLORIDA SHADES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**30798 U.S. 19 NORTH
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated (or Qualified) **07/01/1980** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **5121 South Road** 26 **5121 South Road**
22 **New Port Richey, FL** 27 **New Port Richey, FL**
23 **34652** 25 **USA** 29 **34652** 30 **USA**

4. FEI Number **59-2010847** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT L.
30798 U.S. 19 NORTH
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name **Robert L. Williams**
82 Street Address (P.O. Box Number is Not Acceptable) **5121 South Road**
83 **New Port Richey**
84 City **FL** 85 Zip Code **34652**

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 _____ DATE **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRAZIER, BARBARA F
STREET ADDRESS	433 S PAULA DR #21
CITY, ST, ZIP	DUNEDIN FL
TITLE	VSTD
NAME	WILLIAMS, MERILYN B
STREET ADDRESS	1181 FORD LANE
CITY, ST, ZIP	DUNEDIN FL
TITLE	CEO
NAME	WILLIAMS, ROBERT L
STREET ADDRESS	1181 FORD LANE
CITY, ST, ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Barbara E. Frazier	
13 STREET ADDRESS	1296 Peach Tree Drive	
14 CITY, ST, ZIP	Palm Harbor, FL 34683	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemptions stated in Section 119.03, Florida Statutes. I further certify that the information included 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara E. Frazier*
SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR
Barbara E. Frazier

DATE **4/28/95** 813-842-3779