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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **675260** **(4)**

1. Corporation Name
FLORIDA SHADES, INC.

Principal Place of Business	Mailing Address
30798 U.S. 19 NORTH PALM HARBOR FL 34684	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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Port Richey, FL	City & State 28 New Port Richey, FL
Zip / Country 24 34652 / 25 USA	Zip / Country 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 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

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 607.1908, 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: [illegible] DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	FRAZIER, BARBARA F	12 NAME	Barbara E. Frazier
STREET ADDRESS	433 S PAULA DR #21	13 STREET ADDRESS	1296 Peach Tree Drive
CITY ST ZIP	DENEDIN FL	14 CITY ST ZIP	Palm Harbor, FL 34683
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MERILYN B	22 NAME	
STREET ADDRESS	1181 FORD LANE	23 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL	24 CITY ST ZIP	
TITLE	CEOD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT L	32 NAME	
STREET ADDRESS	1181 FORD LANE	33 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare that, that the information supplied with this report is accurate and that the proportion required to be reported by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11, if changed, or is an attachment with an address.

SIGNATURE: Barbara E. Frazier — 4/28/95 — 813-842-3779
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
Barbara E. Frazier

0387091 CP