

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 698745 (7)

1. Corporation Name

THE ART OF FRAMING, INC.

Principal Place of Business

638 E. OCEAN AVE.
BOYNTON BEACH FL 33435
US

Mailing Address

638 E. OCEAN AVE.
BOYNTON BEACH FL 33435
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized
08/12/1981

3a. Date of Last Report
07/08/1994

4. FEI Number
59-2112322

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

21

2a. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOOT, VIRGINIA W
638 EAST OCEAN AVENUE
BOYNTON BEACH FL 33435**

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 607.012 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as permitted by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.012(2), Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF

NAME

**DP
FOOT, VIRGINIA W
2400 SW 1ST STREET
BOYNTON BEACH, FL 00000**

STREET ADDRESS

CITY, STATE, ZIP

OFF

NAME

**S
FOOT, ROBERT L
2400 SW 1ST STREET
BOYNTON BEACH FL**

STREET ADDRESS

CITY, STATE, ZIP

OFF

NAME

STREET ADDRESS

CITY, STATE, ZIP

OFF

NAME

STREET ADDRESS

CITY, STATE, ZIP

OFF

NAME

STREET ADDRESS

CITY, STATE, ZIP

OFF

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that this information included on the 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 on Block 13 of this report or on an attached form with an address.

SIGNATURE:

Robert L. Foot
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. FOOT, SEC.

3/18/95

407/994-5007