

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002894 (4)

1. Corporation Name

BOB ROSS INC.



Principal Place of Business

POST OFFICE BOX 946
STERLING VA 20167

Mailing Address

POST OFFICE BOX 946
STERLING VA 20167

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

54-1304271

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

10. Name and Address of New Registered Agent

KOWALSKI, ANNETTE H
757 E. 3RD AVE.
NEW SMYRNA BEACH FL 32169

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
ROSS, ROBERT N
STREET ADDRESS
4220 GREENFERN DR.
CITY-ST-ZIP
ORLANDO FL 32810

TITLE ☐ DELETE

NAME
DVCS
KOWALSKI, WALTER J
STREET ADDRESS
2713 CALKINS RD.
CITY-ST-ZIP
HERNDON VA 22071

TITLE ☒ DELETE

NAME
T
KOWALSKI, WALTER J
STREET ADDRESS
2713 CALKINS RD.
CITY-ST-ZIP
HERNDON VA 22071

TITLE ☐ DELETE

NAME
DVP
KOWALSKI, ANNETTE H
STREET ADDRESS
757 E. 3RD AVE.
CITY-ST-ZIP
NEW SMYRNA BEACH FL 32169

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DPT

Kowalski, Walter J.
2713 Calkins Rd
Herndon, Va. 22071

DVS

Kowalski, Annette H
757 East 3rd Ave
New Smyrna Beach, FL 32169

ASST. SECRETARY

JOAN M. KOWALSKI
1263 ELDEN ST #303
HERNDON, VA 22070

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: *Walter J. Kowalski* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

703/603-7799

Daytime Phone #

CR2E034 (12/95)