

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 2:23

DOCUMENT # H17357

(5)

1. Corporation Name

BOB ROSS ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
3259 TURNABOUT LANE
PALM CITY FL 34990

Mailing Address
3259 TURNABOUT LANE
PALM CITY FL 34990

3. Date Incorporated or Qualified
08/20/1984

3a. Date of Last Report
03/29/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

4. FEI Number
59-2459644

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

29

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

ROSS, ROBERT
3259 TURNABOUT LANE
PALM CITY FL 34990

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVS
NAME ROSS, ROBERT
STREET ADDRESS 3258 TURNABOUT LANE
CITY- ST- ZIP PALM CITY FL

11 TITLE ☐ Change ☐ Addition

TITLE TD
NAME ROSS, ROBERT
STREET ADDRESS 3258 TURNABOUT LANE
CITY- ST- ZIP PALM CITY FL

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 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 110 (07C)(9)(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 in an attachment with an address.

SIGNATURE:

R.A. Ross PVS R.A. Ross

1 APRIL 95 (407)221-3926

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

(Signature/Name)