FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H76453** **(0)**

1. Corporation Name
FANTASY KITCHENS AND BATHS, INC.

Principal Place of Business	Mailing Address
943 - 20TH PLACE VERO BEACH FL 32960	943 - 20TH PLACE VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1985
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 622 BEACHLAND BLVD.	26 622 BEACHLAND BLVD.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 VERO BEACH, FL	City & State 28 VERO BEACH, FL
Zip 24 32963 Country 25 INDIAN RIVER	Zip 29 32963 Country 30 INDIAN RIVER

4. FEI Number: 59-2582634 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCREWS, SANDRA B. 1120-31ST AVENUE VERO BEACH FL 32960	81 Name 82 Street Address (P.O. Box Number Not Acceptable) 4555 - 12TH STREET 83 84 City VERO BEACH FL 85 Zip Code 32966

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) DATE (Registered Agent signature required when executing this part)

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SCREWS, SANDRA B.	12 NAME	
STREET ADDRESS	1120-31ST AVENUE	13 STREET ADDRESS	4555 - 12TH STREET
CITY ST ZIP	VERO BEACH FL	14 CITY ST ZIP	VERO BEACH, FL 32966
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	SCREWS, T. GRAYSON	22 NAME	
STREET ADDRESS	1120 31ST AVENUE	23 STREET ADDRESS	4555 - 12TH STREET
CITY ST ZIP	VERO BEACH FL	24 CITY ST ZIP	VERO BEACH FL 32966
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), 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: Sandra B. Screws SANDRA B. SCREWS 4/27/95 407-778-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071487 CP