

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:21**

DOCUMENT # H93887 (8)

1. Corporation Name

HAUESLER MARVIN INTERIORS, INC.

Principal Place of Business

**1 DRYWALL DR
CLEARWATER FL 34622**

Mailing Address

**1 DRYWALL DR
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1986

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

30

4. FEI Number

59-2628857

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

**MASON & ASSOCIATES
18187 U.S. 19 NORTH
SUITE 150
CLEARWATER FL 34624-3588**

10. Name and Address of New Registered Agent

81. Name

MASON & ASSOCIATES

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

17757 U.S. Hwy 19 No.

83.

SUITE 500 MARGRAVE BAY

84. City

CLEARWATER

FL

85. Zip Code

34624

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

TITLE	DP
NAME	MARVIN, LLOYD, JR.
STREET ADDRESS	2505 WEYMOUTH DR.
CITY - ST - ZIP	CLEARWATER FL
TITLE	DVP
NAME	HAUESLER, LARRY
STREET ADDRESS	11740 108 AVE N
CITY - ST - ZIP	LARGO FL
TITLE	DST
NAME	MARVIN, JANET
STREET ADDRESS	2505 WEYMOUTH DR.
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	☒ Change ☐ Addition
2.2 NAME	DP
2.3 STREET ADDRESS	HAUESLER, LARRY
2.4 CITY - ST - ZIP	2525 WEYMOUTH DR
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34624
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD MARVIN JR

Date

4/7/95

Daytime Phone #

813-975-5408