

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 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J00282

(0)

1. Corporation Name

GERALD MCGEE INTERIORS, INC.

Principal Place of Business

% GERALD MCGEE  
2232 DR. M.L. KING BLVD.  
FT. MYERS FL 33901

Mailing Address

% GERALD MCGEE  
2232 DR. M.L. KING BLVD.  
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2649769

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

2. Principal Place of Business

21 1617 HENDRY ST

Suite, Apt. #, etc.

22 SUITE 311

City & State

23 Fort Myers FL

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 1617 HENDRY ST

Suite, Apt. #, etc.

27 SUITE 311

City & State

28 Fort Myers FL

Zip

29 33901

Country

30 LEE

9. Name and Address of Current Registered Agent

MCGEE, GERALD  
2346 WINKLER AVE. UNIT M210  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

MCGEE, GERALD

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

3917 ROGERS STREET

83

84 City

Fort Myers

FL

85 Zip Code  
33901

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

Gerald McGee, President

5/1/95

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PSD                    |
| NAME           | MCGEE, GERALD          |
| STREET ADDRESS | 2346 WINKLER AVE #M210 |
| CITY, ST, ZIP  | FT. MYERS FL           |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| 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          | PSD                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME           | MCGEE, GERALD       |                                            |                                   |
| 1.3 STREET ADDRESS | 3917 ROGERS STREET  |                                            |                                   |
| 1.4 CITY, ST, ZIP  | Fort Myers FL 33901 |                                            |                                   |
| 2.1 TITLE          |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 2.2 NAME           |                     |                                            |                                   |
| 2.3 STREET ADDRESS |                     |                                            |                                   |
| 2.4 CITY, ST, ZIP  |                     |                                            |                                   |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 3.2 NAME           |                     |                                            |                                   |
| 3.3 STREET ADDRESS |                     |                                            |                                   |
| 3.4 CITY, ST, ZIP  |                     |                                            |                                   |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 4.2 NAME           |                     |                                            |                                   |
| 4.3 STREET ADDRESS |                     |                                            |                                   |
| 4.4 CITY, ST, ZIP  |                     |                                            |                                   |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 5.2 NAME           |                     |                                            |                                   |
| 5.3 STREET ADDRESS |                     |                                            |                                   |
| 5.4 CITY, ST, ZIP  |                     |                                            |                                   |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> 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 119.07(3)(b), 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 the 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: GERALD MCGEE, PRESIDENT

(Signature and typed or printed name of signing officer or director)

5/1/95

Date

813 334-7765

Daytime Phone #