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 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04717** **(1)**

1. Corporate Name
PAINTING BY TOM KROTZ, INC.

Principal Address
2661 NE 12TH STREET
POMPANO BEACH FL 33062

Mailing Address
2661 NE 12TH STREET
POMPANO BEACH FL 33062

FOR OFFICE USE ONLY THIS SPACE

3. Date Incorporated/Qualified: **03/18/1986**
3a. Date of Last Report: **04/26/1994**

2. Principal Address — 21
2a. Mailing Address — 26
Suite, Apt. #: 22 — 27
City: 23 — 28
24 — 25 — 29 — 30

4. FEI Number: **59-2655410** — 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. Does corporation qualify for reduced fees under S. 607.0122 Florida Statutes? Yes ✓ No

9. Name and Address of Current Registered Agent
KROTZ, AZA
2661 N.E. 12TH STREET
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Prohibited by Law)
83
84 City: **FL** 85 Zip Code

11. [illegible]

12. OFFICERS AND DIRECTORS

PV
KROTZ, THOMAS W.
3020 NE 13TH AVE
POMPANO BEACH FL
ST
KROTZ, AZA R.
3020 NE 13TH AVE
POMPANO BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption listed in Section 1.1001(3), Florida Statutes. I further certify that I am a director or officer of the corporation or the person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Office 1, 2 or 3 above, or I have attached an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date Signed

0104406 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED AND FILED

MAY 15 '95 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14095 (0)

1. Corporate Name
DECOR DESIGN CENTER, INC.

Principal Address
BRENDA BOOMER/SHARON COOK P O BOX 34356
13880 PERDIDO KEY DR
PENSACOLA FL 32507
US

Mailing Address
BRENDA BOOMER/SHARON COOK P O BOX 34356
13880 PERDIDO KEY DR
PENSACOLA FL 32507
US

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 05/14/1986
3a. Date of Last Report: 02/03/1994

2. Mailing Address — 21
2a. Mailing Address — 26

4. FEI Number: 59-2668087 — Applied For / Not Applicable

City, State, Zip — 22
City, State, Zip — 27

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

City — 23
City — 28

6. Electronic Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

State — 24 Country — 25 State — 29 Country — 30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEUMER, BRENDA L.
13335 JOHNSON BEACH ROAD
SUITE #1002
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

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 Section 607.0505 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BEUMER, BRENDA L.
STREET ADDRESS	13880 PERDIDO KEY DR
CITY, STATE	PENSACOLA FL
TITLE	D
NAME	COOK, SHARON L.
STREET ADDRESS	13880 PERDIDO KEY DR
CITY, STATE	PENSACOLA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE	

14. I hereby certify that the information supplied with this report is accurate, and that I am familiar with the requirements of Section 607.0505 of the Florida Statutes. I further certify that the information contained in the 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 owner of a majority of its shares, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or attached with an address.

SIGNATURE: Brenda L. Beumer 5/11/95 904-492-5462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0389577 CP