

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J43778 (6)

1. Corporation Name

WEBSTER'S COMFORT GALLERY, INC.



Principal Place of Business

1202 RIDGEWOOD AVE
HOLLY HILL FL 32117

Mailing Address

1202 RIDGEWOOD AVE
HOLLY HILL FL 32117

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1355 BENNETT DRIVE

Suite, Apt. #, etc.

27

UNIT 145

28

LONGWOOD, FL 32750

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KRAVETZ, CLAIRE
2 BAY POINTE
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

11/19/1986

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2741606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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 Sections 607.0502 and 607.1503, 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 the applicable

(NOT E. Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PS
KRAVETZ, CLAIRE
2 BAY POINTE
ORMOND BEACH FL

TITLE ☐ DELETE

NAME
V
GATES, DENNIS.
1239 OCEAN SHORE BLD 6C3
ORMOND BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(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 on an attachment with an address.

SIGNATURE

Dennis Gates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS GATES

3/6/96

407-834-4880

Daytime Phone #

CR2E034 (12/95)