

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

CORPORATION,
ANNUAL REPORT
1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **J79967**

(2)

RECEIVED MAY 10 11:10:35

FLIGHTSHOPS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date of Incorporation or Qualification		3a. Date of Last Report	
% WILLIAM C SCHMEDEL 4295 142ND AVENUE NORTH CLEARWATER FL 34622-9990		% WILLIAM C SCHMEDEL 4295 142ND AVENUE NORTH CLEARWATER FL 34622-9990		06/26/1987		09/30/1994	
2. Principal Office (City, State, and Zip)	2b. Mailing Address	4. Filing Office	Applied For				
21	26	59-2812066	Not Applicable				
22. State of Office	27. State of Mailing	5. Certificate of Status Desired		8.75 Additional Fee Required			
22	27	<input type="checkbox"/>		8.75 Additional Fee Required			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23	28	<input type="checkbox"/>		5.00 May Be Added to Fees			
24. Other	25. Other	29. Other	30. Other	8. This corporation has liability for franchise tax under § 199.037, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHRISTENSEN, BETTY J ST. PETERSBURG-CLEARWATER AIRPORT CLEARWATER FL 34622				81. Name			
				82. Street Address (P.O. Box Numbers Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0601 and 607.1406, 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 sections 607.0601 and 607.1406, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	PD CHRISTENSEN, BETTY J 2928-A BANCROFT CIRCLE PALM HARBOR FL 34683	13.1	V GLENN H. WOODY 5034 Foxbridge Cir, #314 Clearwater, FL-34622
12.2		13.2	
12.3		13.3	
12.4		13.4	
12.5		13.5	
12.6		13.6	
12.7		13.7	
12.8		13.8	
12.9		13.9	
12.10		13.10	
12.11		13.11	
12.12		13.12	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further declare that the information included in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director for 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 of this report or on its attachment with an address.

SIGNATURE: *Betty J. Christensen*
BETTY J. CHRISTENSEN
5-2-95- 530-1415

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APPROVED
7/13
1994



1995

DOCUMENT # **J80297**

(1)

AVENUE ART CORPS, INC.

STATE OF FLORIDA
TALLAHASSEE

27a. Mailing Address 5770 IRLO BRONSON HWY #223 KISSIMMEE FL 32792 US		27b. Mailing Address 1502 LAKEMONT AVE. WINTER PARK FL 32792	
21. 5770 Irlo Bronson Hwy	26. Nob Hill 602-3	29. 32792	30. Orange
22. 223 OLD TOWN	27c. Kissimmee, Florida	28. Winter Park, FL	
23. Kissimmee, Florida	24. 34742	25. Osceola	30. Orange

3. Date of Incorporation/Registration 06/26/1987	39. Date of this Report 08/05/1994
4. FEI Number 59-2822577	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 state tax on its (1) <input type="checkbox"/> Federal taxable income <input type="checkbox"/> Florida taxable income <input type="checkbox"/> None	

9. Name and Address of Current Registered Agent GANN, ARTHUR L. JR. 1502 LAKEMONT AVE. WINTER PARK FL 32792		10. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>B1. Name</td></tr> <tr><td>B2. Street Address or P.O. Box Number or Not Applicable</td></tr> <tr><td>B3.</td></tr> <tr><td>B4. City</td></tr> <tr><td>FL</td></tr> <tr><td>B5. Zip Code</td></tr> </table>		B1. Name	B2. Street Address or P.O. Box Number or Not Applicable	B3.	B4. City	FL	B5. Zip Code
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B3.									
B4. City									
FL									
B5. Zip Code									

11. This corporation has prepared and filed with the Secretary of State a copy of its annual report for the year ended on the date above indicated for the purpose of complying with the provisions of Chapter 618, Florida Statutes. The annual report was addressed to the Secretary of State at Tallahassee, Florida. The annual report was filed on the date above indicated and the appointment of a registered agent was made as shown on the report.

12. DIRECTORS, OFFICERS, AND AGENTS	13. ADDITIONAL DIRECTORS, OFFICERS, AND AGENTS																																																																																													
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14. I hereby certify that the information required with this filing is voluntarily furnished, is true and correct, and that the corporation is in compliance with the provisions of Chapter 618, Florida Statutes. I further certify that the information is correct as of the preparation of this report and is not a copy of information that has been previously reported and that the corporation has not been suspended from the right to file this report as a result of the corporation's failure to file a report as required by Chapter 618, Florida Statutes, and that the corporation is not a "shell corporation" as defined in Chapter 618, Florida Statutes.

SIGNATURE: *Arthur L. Gann Jr.* Director *May 8, 95* *671-8791*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur L. Gann Jr.

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

**APPROVED
AND
FILED**

REGISTRATION
AFFIDAVIT



LOCAL GOVERNMENT - STATE

1995 5-10-95 B-6618 XC

DOCUMENT # **J80411 (8)**

MAY 10 1995

TED NEY DRYWALL & STUCCO, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Name of Applicant 8788 ALICO RD FT. MYERS FL 33912 US		2. Name of Agent 8788 ALICO RD FT. MYERS FL 33912 US		3. Date of Application 06/30/1987		3a. Date of Registration 08/17/1994	
21. Address of Applicant 15270 Thornton Rd		2a. Address of Agent 15270 Thornton Rd		4. FEI Number 59-2840304		Applied Fee Not Applicable	
22. City Ft Myers FL		27. City Ft Myers FL		5. Certificate of State of Origin <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. State FL		28. State FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33908		25. Lee		29. 33908		30. Lee	
9. Name and Address of Current Registered Agent NEY, THEODORE K 8448 ALICO ROAD FT MYERS BEACH FL 33912				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (if C. Box Number, list Apartment)			
B3.				B4. City			
B5. State FL				B6. Zip Code			
11. I, the undersigned, certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the applicant is a resident of the State of Florida. I hereby accept the appointment as registered agent for the applicant.							
SIGNATURE							
12. OFFICER, DIRECTOR, AND/OR PARTNER				13. ADVERTISING, CHANGING, OR OTHER OFFICERS AND/OR PARTNERS			
NAME PD NEY, THEODORE K. 9089 W. SHADDOCK ROAD FT MYERS FL				NAME Change <input type="checkbox"/> Add <input type="checkbox"/>			
NAME Change <input type="checkbox"/> Add <input type="checkbox"/>				NAME Change <input type="checkbox"/> Add <input type="checkbox"/>			
NAME Change <input type="checkbox"/> Add <input type="checkbox"/>				NAME Change <input type="checkbox"/> Add <input type="checkbox"/>			
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14. I, the undersigned, certify that the information supplied by the filer is complete, accurate, and correct, and that the filer is a resident of the State of Florida. I hereby accept the appointment as registered agent for the applicant.							
SIGNATURE: <i>Theodore K. Ney</i>				5/03/95 (813)267-6969			