

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 # J93313 (1)

1. Corporation Name

INNOVATIVE DRAPERIES AND INTERIORS, INC.



Principal Place of Business

Mailing Address

% GREGORY C. MEISSNER  
6400 MANATEE AVE., W., STE. L  
BRADENTON FL 34209  
US

% GREGORY C. MEISSNER  
701 11TH STREET WEST  
BRADENTON FL 34205

3. Date Incorporated or Qualified  
09/15/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1111 3RD AVE. W.

22 City & State

27 Suite, Apt. #, etc.  
150  
28 BRADENTON, FL

23 Zip Country

29 34205 30 USA

4. FEI Number  
65-0020981

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

10. Name and Address of New Registered Agent

MEISSNER, GREGORY C.  
701 11TH STREET WEST  
BRADENTON FL 34205

81 Name GREGORY C. MEISSNER  
82 Street Address (P.O. Box Number is Not Acceptable)  
1111 3RD AVE. W.  
83 SUITE 150  
84 City BRADENTON FL 85 Zip Code 34205

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 obligation of, Section 607.1505, Florida Statutes.

SIGNATURE

*[Signature]*

*[Signature]* 2-21-96

DATE

12. OFFICERS AND DIRECTORS

1. NAME  
PTD  
SHOEMAKER, GEORGE WESLEY  
316 45TH ST. CT. NW  
BRADENTON FL  
2. CITY-ST-ZIP  
VSD  
3. NAME  
SHOEMAKER, SHARON LEE  
4. STREET ADDRESS  
316 45TH ST. CT. NW  
5. CITY-ST-ZIP  
BRADENTON FL  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. NAME  
10. STREET ADDRESS  
11. CITY-ST-ZIP  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP  
15. NAME  
16. STREET ADDRESS  
17. CITY-ST-ZIP  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2. 2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3. 3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4. 4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5. 5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6. 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-96 941-798-9925

CR2E034 (12/95)