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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # K49839

1. Corporation Name

PARKER'S CUSTOM CANVAS, INC.

Pencipal Place of Business AWAY T. FARKER ARRER CSITO CANN'S 222 SPRIT LAKE ROAD WEST WINTER HAVEN FL 33890 US  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporation of Qualified 11/29/1988 3. Date Incorporation of Qualified Incorporation of Qualified Incorporation Qualifi										
Applied For	Principal Place	e of Business	Mailing Address							
WINTER HAVEN FL 33880  WINTER HAVEN FL 33880  2. Principal Place of Business  2. Principal Place of Business  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.							,			
Solution							DO NOT WRITE IN	THIS :	SPACE	
11/29/1898   11/	***************************************									
2. Principal Place of Business   2. Mailing Address   5. Pag930277   Nath Applicable   5. Pag93027   Nath A	03									
Sulfe, Apt. #, etc.	2 Principal D	logs of Business	2a Mailing Address						IA	polied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.									<del></del>	• • • • • • • • • • • • • • • • • • • •
27   State										
City & State    City & State   City	<del></del>						5. Certifcate of Status Desired			
Zip   Country   Zip   Zi							6. Election Campaign Financing		\$5.00	May Be
Zip	<u> </u>									
PARKER, MARY TODD 232 SPIRIT LAKE ROAD WEST WINTER HAVEN FL 33880  181 Name  182 Street Address (P.O. Box Number is Not Acceptable)  185 Street Address (P.O. Box Number is Not Acceptable)  186 Street Address (P.O. Box Number is Not Acceptable)  187 Street Address (P.O. Box Number is Not Acceptable)  188 Street Address (P.O. Box Number is Not Acceptable)  189 Street Address (P.O. Box Number is Not Acceptable)  190 Street Address (P.O. Box Number is Not Acceptable)  191 Street Address (P.O. Box Number is Not Acceptable)  192 Street Address (P.O. Box Number is Not Acceptable)  193 Street Address (P.O. Box Number is Not Acceptable)  194 City  195 Street Address (P.O. Box Number is Not Acceptable)		Country		Cour	ntry		8. This corporation owes the current ye	ar Inta	ngible	
PARKER, MARY TODD 232 SPIRIT LAKE ROAD WEST WINTER HAVEN FL 33880  84 City FL 85 Zip Code  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 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, 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, 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Stat	24	25	29	30						<b>№</b> No
PARKER, MARY TODD 232 SPIRIT LAKE ROAD WEST WINTER HAVEN FL 33880  82 Street Address (P.O. Box Number is Not Acceptable)  83	<u>,</u>	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regis	ered A	Agent	
232 SPIRIT LAKE ROAD WEST WINTER HAVEN FL 33880  84 City  85  86 City  87 City  88 Zip Code  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, 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, 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, in the familiar with an applicable.  SIGNATURE  Signature. Do a part of printed name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  DELETE  14. TITLE  DELETE  15. TITLE  DELETE  16. Change  Addition  Addition  AMME  STREET ADDRESS  STREET AD					81	Name				
WINTER HAVEN FL 33880  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 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 office or registered agent, and stee it applicable.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DARKER, THOMAS E.  12. NAME  PARKER, THOMAS E.  12. NAME  STREET ADDRESS  WINTER HAVEN FL  UNINTER HAVEN FL  DELETE  13. STREET ADDRESS  WINTER HAVEN FL  14. City - ST. ZIP  TITLE  DARKER, MARY T.  22. NAME  STREET ADDRESS  CITY-ST. ZIP  TITLE  DELETE  31. TITLE  22. NAME  STREET ADDRESS  CITY-ST. ZIP  TITLE  DELETE  31. STREET ADDRESS  CITY-ST. ZIP  Addition  Additi					82	Street Addi	ess (P.O. Box Number is Not Acceptable)			
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    Signature, typed or ponted name of registered agent and title if applicable.   (NOTE, Registered Agent agnature required when recentating)					_	0.10017100.				
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, and take it applicable.  SIGNATURE  Signature, to predict agent agent and title if applicable. [NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS  4322 SHADOW WOOD TRAIL  1.3 STREET ADDRESS  4322 SHADOW WOOD TRAIL  1.4 CITY-ST-ZIP  WINTER HAVEN FL  1.4 CITY-ST-ZIP  WINTER HAVEN FL  1.5 STREET ADDRESS  4322 SHADOW WOOD TRAIL  2.2 NAME  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  WINTER HAVEN FL  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  1.5 Change  Addition  Add	WINT	TER HAVEN FL 33880		Ī	83					
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, and take it applicable.  SIGNATURE  Signature, to predict agent agent and title if applicable. [NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS 1.3 STREET ADDRESS  4322 SHADOW WOOD TRAIL  1.3 STREET ADDRESS  4322 SHADOW WOOD TRAIL  1.4 CITY-ST-ZIP  WINTER HAVEN FL  1.4 CITY-ST-ZIP  WINTER HAVEN FL  1.5 STREET ADDRESS  4322 SHADOW WOOD TRAIL  2.2 NAME  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  WINTER HAVEN FL  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  1.5 Change  Addition  Add				}	04	City	· · · · · · · · · · · · · · · · · · ·		85   7in	Code
office or registered agent, or both, in the State of Florida's Such change was authorized by the Corporation's Social of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida's Statutes.  SIGNATURE    12					04	City		FL	05   2.0	0000
12.	agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statu	ites.					
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NAME   PARKER, THOMAS E.   12 NAME     13 STREET ADDRESS		·		1.1 TIT	LE	-				
STREET ADDRESS   STRE		T		1.2 NA	MΕ					•
CITY-ST-ZIP   WINTER HAVEN FL				1.3 ST	REET	TADORESS				
TITLE   D										
NAME   PARKER, MARY T.   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP   WINTER HAVEN FL   24 CITY-ST-ZIP     Change   Addition   A	-		☐ DELETE			·	1.		Change	☐ Addition
STREET ADDRESS		ł –		2.2 NA	ME		· ·			
CITY-ST-ZIP   WINTER HAVEN FL   2. 4 CITY-ST-ZIP     Change   Addition	1			2.3 ST	REET	TADDRESS				
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME										
NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE		***************************************	☐ DELETE	_		· · · · · ·			Change	Addition
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   Change				3.2 NA	ME				•	
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STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         □ DELETE           NAME         5.2 NAME							<u>ستاساته محمدیته استانی</u> و بید	~ :.	<del>-</del> -	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         5.1 TITLE           NAME         5.2 NAME						T ADDRESS !				
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	STREET ADDRESS			5.3 ST	REET	TADORESS		; ! ·		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Change

☐ Addition