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CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:29

DOCUMENT # L02610 (8)

1. Corporation Name
DRAPES & SHUTTERS, INC.

Principal Place of Business	Mailing Address
3490 CLARK RD SARASOTA FL 34231	3490 CLARK RD SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1989	3a. Date of Last Report: 03/07/1994
2. Principal Place of Business (21): 5690 SARAH AVENUE	2a. Mailing Address (26): 5690 SARAH AVENUE
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): SARASOTA FL	City & State (28): SARASOTA FL
Zip (24): 34233 Country (25): SARASOTA	Zip (29): 34233 Country (30): SARASOTA
4. FEI Number: 65-0143111	☐ 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

DOROSK, JOHN, C
3490 CLARK RD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: DOROSK JOHN C
82 Street Address (P.O. Box Number is Not Acceptable): 5690 SARAH AVENUE
83
84 City: SARASOTA FL 85 Zip Code: 34233

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: John C Dorosk 1-15-95
(Type or print name of registered 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	DTV	1.1 TITLE	☒ Change ☐ Addition
NAME	DOROSK, JOHN C.	1.2 NAME	
STREET ADDRESS	3490 CLARK RD	1.3 STREET ADDRESS	5690 SARAH AVENUE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	DPS	2.1 TITLE	☒ Change ☐ Addition
NAME	DOROSK, SHEILA K.	2.2 NAME	
STREET ADDRESS	3490 CLARK RD	2.3 STREET ADDRESS	5690 SARAH AVENUE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C Dorosk 1-15-95 813-923-6587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN C. DOROSK

0339168 CP