

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58121 (9)

1. Corporation Name

BOCA AWNING, INC.

Principal Place of Business

**225 NORTHEAST 3RD AVENUE
DELRAY BEACH FL 33443**

Mailing Address

**225 NORTHEAST 3RD AVENUE
DELRAY BEACH FL 33443**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1990	3a. Date of Last Report 06/28/1994
4. FEI Number 65-0180260	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**SIMPSON, ROBERT SCOTT
225 N. E. 3RD AVENUE
DELRAY BEACH 33444-0721**

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 607.1508, 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, ROBERT SCOTT	1.2 NAME	
STREET ADDRESS	225 N. E. 3RD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, MONNA	2.2 NAME	
STREET ADDRESS	225 NE 3RD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: *Monna Simpson* *Monna Simpson* 4/28/95 407-276-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)