

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 # **L68795** (8)

1. Corporation Name

A SHADE BETTER, INC.



Principal Place of Business

Mailing Address

**1530 MCMULLEN BOOTH RD
STE D-4
CLEARWATER FL 34619
US**

**1530 MCMULLEN BOOTH RD
STE D-4
CLEARWATER FL 34619
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0187199

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

10. Name and Address of New Registered Agent

**LACCABUE, RICHARD
1530 MCMULLEN BOOTH RD
STE D-4
CLEARWATER FL 34619**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
LACCABUE, RICHARD
2616 CEDAR VIEW CT
CLEARWATER FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**SD
LACCABUE, MARY ANNE
2616 CEDAR VIEW CT
CLEARWATER FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**SD
LACCABUE, MARY ANNE
498-44 LAKEVIEW DR
PALM HARBOR FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**TD
CARLE, WILLIAM A.
1896 BOARDWALK
ST JOSEPH MI**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PD
Laccabue, RICHARD
507 WESTBOROUGH LANE
SAFETY HARBOR, FL 34695**

☒ Change ☐ Addition

**SD
LACCABUE, MARY ANNE
507 WESTBOROUGH LANE
SAFETY HARBOR, FL 34695**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, director 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:

Richard Laccabue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date: true Phone #

4-28-96 813/791-6097

CR2E034 (12/95)