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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M95127 (0)
1. Corporation Name
1ST VERTICAL BLIND FACTORY, INC.



Principal Place of Business Mailing Address
% JOSEPH P. PESCE % JOSEPH P. PESCE
207 BURLEIGH BLVD. 207 BURLEIGH BLVD.
TAVARES FL 32778 TAVARES FL 32778

3. Date Incorporated or Qualified 08/18/1988 3a. Date of Last Report 06/25/1996
4. FEI Number 59-2907674 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

PESCE, JOSEPH P.
207 BURLEIGH BLVD.
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name EDWARDS, WILLIAM L.
82 Street Address (P.O. Box Number is Not Acceptable) 207 BURLEIGH BLVD.
83 TAVARES, FL. 32757
84 City TAVARES, FL. FL 85 Zip Code 32757

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 *William L. Edwards* WILLIAM L. EDWARDS, PRES. 4-23-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PESCE, JOSEPH P.	
STREET ADDRESS	207 BURLEIGH BLVD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	PESCE, GWENDOLYN	
STREET ADDRESS	207 BURLEIGH BLVD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM L.	
STREET ADDRESS	207 BURLEIGH BOULEVARD	
CITY-ST-ZIP	TAVARES FL	
TITLE	/	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PESCE, JOSEPH P.	
1.3 STREET ADDRESS	207 BURLEIGH BLVD.	
1.4 CITY-ST-ZIP	TAVARES, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE *	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARDS, WILLIAM L.	
3.3 STREET ADDRESS	207 BURLEIGH BLVD.	
3.4 CITY-ST-ZIP	TAVARES, FL.	
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARDS, KAMELLE J.	
4.3 STREET ADDRESS	207 BURLEIGH BLVD.	
4.4 CITY-ST-ZIP	TAVARES, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE *William L. Edwards* WILLIAM L. EDWARDS, PRES. 4-23-97

CR2E034 (9/96)