

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF ST.  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90191 009 \*\*\*150.00

DOCUMENT # P93000019076

1. Corporation Name  
CANVAS TABLEWORKS, INC.

Principal Place of Business  
9250 COLLEGE PKWY #8  
FORT MYERS FL 33919  
US

Mailing Address  
9250 COLLEGE PKWY #8  
FORT MYERS FL 33919  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4834 CANDIA STREET

Suite, Apt. #, etc.

22 City & State  
23 CAPE CORAL FLORIDA

24 Zip  
33904

Country

25 Lee

2a. Mailing Address

26 4834 CANDIA STREET

Suite, Apt. #, etc.

27 City & State  
28 CAPE CORAL FLORIDA

29 Zip  
33904

Country

30 Lee

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

65-0396755

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, TAMARA L  
9250 COLLEGE PKWY #8  
FORT MYERS FL 33919

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 reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MOORE, TAMARA L  
STREET ADDRESS  
9250 COLLEGE PKWY #8  
CITY-ST-ZIP  
FORT MYERS FL 33919

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME  
MOORE, TAMARA L  
1.3 STREET ADDRESS  
4834 Candia Street  
1.4 CITY-ST-ZIP  
CAPE CORAL, FL 33904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 941-945 5342  
Date Daytime Phone #

CR3E034 (11/98)

0445276