

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034848 (0)

1. Corporation Name

COAST TO COAST DECORATING, INC.



Principal Place of Business

Mailing Address

1325 SPRING LITE WAY
ORLANDO FL 32825
US

1325 SPRING LITE WY
ORLANDO FL 32825
US

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

05/01/1995

A. FEI Number

59-0951069

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 2415 John Young

26 2415 John Young Pkwy

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Parkway

27

City & State

City & State

23 Or. Fl.

28 Or. Fl.

Zip

Zip

24 32804

29 32804

Country
USA

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVERT, ROBERT W
1325 SPRING LITE WAY
ORLANDO FL 32825

81 Name

CALVERT, Robert W.

82 Street Address (P.O. Box Number is Not Acceptable)

2415 John Young

83

Parkway

84 City

ORLANDO

FL

85 Zip Code

32804

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CALVERT, LINDA
1325 SPRING LITE WAY
ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CALVERT, ROBERT W
1325 SPRING LITE WAY
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CALVERT LISA
2415 John Young Pkwy
ORLANDO FL 32804

☒ (ADD)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

CALVERT LISA
2415 John Young Pkwy
Orlando, FL 32804 (Jr. Vice President)

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa Calvert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Manager 6-6-96
G.O.P.
290-1993

CR2E034 (3/96)