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 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022033 (2)**

1. Corporate Name
J.P. TEXTURING, INC.

Principal Place of Business
331 W LAKE SUE AVE
WINTER PARK FL 32789

Mailing Address
331 W LAKE SUE AVE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

ZIP
24

County
25

ZIP
29

County
30

4. FEI Number: 59-3233829
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 § 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIRNUN, MORRIS A
331 W LAKE SUE AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

01 Name: BELINDA ROMANO
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 ZIP Code

11. Pursuant to the provisions of Section 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: Belinda Romano 4/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

01 Title: P S V
02 NAME: ROMANO BELINDA
03 STREET ADDRESS: 331 W LAKE SUE AVE
04 City, ST, ZIP: WINTER PARK FL 32789

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

SIGNATURE: Belinda Romano 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0047124 CP