

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90020 002 ***150.00

DOCUMENT # P94000030152

1. Corporation Name

BLINDS DECOR, INC.

Principal Place of Business

614 N STATE RD
RT. 1
BUNNELL FL 32110

Mailing Address

P O BOX 2074
RT. 1
BUNNELL FL 32110-2074
US

2. Principal Place of Business

21 6 COMMERCIAL COURT
Suite, Apt. #, etc.

22 SUITE B

23 PALM COAST FL

24 32137 25 FLAGLER

2a. Mailing Address

26 6 COMMERCIAL COURT

Suite, Apt. #, etc.

27 SUITE B

28 PALM COAST FL

29 32137 30 FLAGLER

9. Name and Address of Current Registered Agent

GOMEZ, FREDDIE
614 N STATE RD
RT. 1
BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-3236408

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

10. Name and Address of New Registered Agent

81 Name MARTHA FEDELE

82 Street Address (P.O. Box Number is Not Acceptable)
2 OFFICE PARK DR.

83 SUITE A-3

84 City PALM COAST FL 85 Zip Code 32137

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

3-25-99

12. OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE
NAME GOMEZ, FREDDIE
STREET ADDRESS 614 N STATE RD RT 1
CITY-ST-ZIP BUNNELL FL

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 DP ☒ Change ☐ Addition
1.2 NAME GOMEZ, FREDDY
1.3 STREET ADDRESS 6 COMMERCIAL COURT STE B
1.4 CITY-ST-ZIP PALM COAST FL 32137

2.1 TITLE TS ☐ Change ☒ Addition
2.2 NAME MARTHA J. FEDELE
2.3 STREET ADDRESS 24 AVALON DR
2.4 CITY-ST-ZIP PALM COAST, FL 32137-

3.1 TITLE U-P ☐ Change ☒ Addition
3.2 NAME FREDDY S. GOMEZ
3.3 STREET ADDRESS 56 BLAKE CASTLE DR
3.4 CITY-ST-ZIP PALM COAST FL 32137

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

Date

Daytime Phone #

3-25-99 904.446.0396

CR2E034 (11/98)