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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013421 (9)

EAST COAST CANVAS & AWNING, INC.

FILED
May 06 1997 8:00am
Secretary of State

1751 COGSWEI ROCKLEDGE FI	L STREET L 32055 — 3208	1751 COGSWELL STREET ROCKLEDGE FL 32955-3208								
						3. Date Incorporated or Qualified 02/15/1995	3a. Date of I		port	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		App	olled For	
21		26				59-3295330		Not	Applicable	
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8	.75 A	dditional	
22		27	endermande un marco en marco como contrar el comerciario de marco en la comerciario como como como como en escualencia de la como el c			Certificate of Status Desired		ee Rec	quired	
City & State	•	City & State				6. Election Campaign Financing	\$!	5.00 N	√lay Be	
23		28				Trust Fund Contribution	A	dded to	Fees	
Zip	Country	Zφ	n	Country בי		8. This corporation has liability for in		ider s.	199.032,	
24	25 29 30			Florida Statutes Yes I No 10. Name and Address of New Registered Agent						
9. Name and Address of Current Registered Agent					10. Name and Address of New Hegistered Agent 81 Name					
BERRY, CAROLYN				01	• IAKUUC					
1751	COGSWELL STREET	011		82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
ROC	KLEDGE FL 32955 — 72	708	0.0							
			83							
					City		FL 85	Zip C	ode	
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 regional fice 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered egistered	
	m tamiliar with, and accept the oblig	jations of, Section 607.0505, F	longa Stati	Jes	š.					
SIGNATURE	Signature, typed or pointed name of registered ag	ent and title of applicable (NC	O'll Registered	Age	of signature require	ed when reinstatino)	DATE			
12.						ADDITIONS/CHANGES TO OFFICE		CTORS	S IN 12	
TITLE	D	☐ DELETE 1.1			1 (ρ	JA CH	iange	Addition	
NAME	BERRY, CAROLYN	1.21		ME	اـ ا	L-				
STREET ADDRESS	STREET ANDRESS 1751 COGSWELL STREET			1.3 STREET ADDRESS						
CITY-ST-ZIP	ROCKLEDGE FL 32955 - 32 09			1.4 CITY-ST-ZIP						
TITLE		□ DELETE 2.13			-	TAHN RUMM, D	VE DO	ange	Addition	
NAME	2.2			ME		ALL CACULATE ST			'	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	JOHN BERM, DUP Change MAddition 1751 COGSWELL ST. Nochwell; FL 32955-3288				
CITY-ST-ZIP	ST-ZIP			IY-S	S1-71P /	which of 129	22 - 2	20	r e	
TITLE	DELETE			LE			C	ange	Addition	
NAME			3.2 NA	ME					[
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CITY-ST-ZIP			3 4. CI	TY-S	31 - ZIP					
TITLE		☐ DELETE	4.1 Tri	LE			□ CI	ange	Addition]	
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NAME			6 2 NA	MĒ						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP					1 - ZIP					
14. I do hereb	ou corlide that the information cumplis	ad with this bling done not our	difutor the	nvoi	motion stated	Lin Section 119 07(3)(i) Florida Statutes	I further certif	u that ti	ho I	

4. 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 within address.

MATURE: (407-633-9997