FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARMENT OF STATE

Sandra B. Mor ym Secret of Sann

DIVISION OF CORPORATIONS

1996

P95000021895 (4) **DOCUMENT #**

Corporation Name INTERIOR REFLECTIONS WI			
Principal Place of Business	Mailing Address	I IUE/IUEI IIO	
100 B COMMERCE WAY SANFORD FL 32771	100 B COMMERCE WAY SANFORD FL 32771	,	
		3. Date Incorporate 03/17/19	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 100 C Commerce Way	59-3308	
Suite, Apt. #, etc.	Suite, Apt. #, etc	5. Certificate of Sta	
Cay & State	City & State. 28 SANFORD FL	6. Election Campa Trust Fund Con	
Z _{ro} Country	Zin	9 This composition	

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SANFORD FL 32771		SANFORD FL 32771		,			
					3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last	Report
2. Principal Pla	ace of Business	2a. Mailing Address	***************************************		4. FEI Number		Applied For
1		26 100 C Con	nnelc	E WAY	/ 59-3308165		Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc. [27]		7	5. Certificate of Status Desired		75 Additional Required
Carl State		City & State 28 SANFORO	FL		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 4	Country 25	29 <i>3a</i> 771	Country 30		8. This corporation has liability for a Florida Statutes Yes	~	s 199.032,
	9. Name and Address of Curren	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered Agent	
GRIF			81	Name			
	B¢ John e Sw 80th Avenue		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	ERFIELD FL 34491		83				
			84	City		FI 85	Zip Code
or registere familiar wit	ed agent, or both, in the State of Florich, and accept the obligations of, Sections of Sections of Epitemiol agents agents agents.	ia: Such change was authorze on 607 0505, Florida Statutes.	d by the corp	oration's boa	ration submits this statement for the pur and of directors. Thereby accept the appoint	bintment as régister	ed agent. I am
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	4	TORS IN 12
TITLE		□X O€LETE	1 1 THE		Owner	Change	
NAME	JERRY PATRICK B	aved	1.2 NAME	1.3	John Famuly Co	クノナナノフ	
STREET ADORESS	625 EAST MAGNOL		13 STREE	ADDRESS 1	2483 S.E. 80# BU	E	
DITY - ST - ZIP	LONGWOOD, FL 32	750	14 C TY - S	.T - ZiP	Summerfield, FI	. 3449	1
ITLE	BONGHOOD, ID 32	DELETE	2 1 T:TLF			Change	Addition
AME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		[7] built	24 C/TY-5			F7 0	. ET AVANCA-
NAMF		☐ DELETE	3 1 T-TLE 3 2 NAME	-\$		Change	Addition
STREET ADDRESS				LADDRESS			
CITY-SI-ZIP			3.4 City -:				
IIILE		☐ DELETE	4 1 TITLE			☐ Chang	Addition
IAME			4.2 NAME				
STREET ADDRESS			4.3 STHEET	ADDRESS			
DITY - ST - ZIP		part	4.4 Cr1Y - S	iT - ZiP	· · · · · · · · · · · · · · · · · · ·		
ITLE		T DELETE	5 1 THTLE	İ		☐ Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRES				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CiTy - 5 6.1 Title	ol - ZIP			e 🗀 Addition
NAMÉ		pacere	6 2 NAME		90000192 -08/15/960103	`30 %3	. Li vogition
STREET ADDRESS			6.3 STREET	ADDIRESS	-08/15/960103	30031	
CITY - ST - ZIP			64Cili-5		***225.00		
C111-31-21F	I		■ 0.4 UHT-3) (- Z (P) - 3			

14. I do hereby certify that the information supplies 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 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

407 - 324 - 1250 Daytine Prone •