

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052956 (6)

1. Corporation Name

FOXY FRAMES, INC.



Principal Place of Business

1113 S 14TH STREET
LEESBURG FL 34748

Mailing Address

1113 S 14TH STREET
LEESBURG FL 34748

2. Principal Place of Business

2a. Mailing Address

21 26 11551 MAGNOLIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
TAVARES, FL

23 Zip Country

28 Zip Country
32778 USA

24 25 29 30

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report

4. FEI Number

59-3326214

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINS, FLORENCE K
1113 S 14TH STREET
LEESBURG FL 34748

81 Name
Gilbert E. Cummins
82 Street Address (P.O. Box Number is Not Acceptable)
11551 MAGNOLIA AVE.
83 TAVARES, FL 32778
84 City
TAVARES, FL
85 Zip Code
32778

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

Gilbert E. Cummins

Director/Pres./Sec./Treas.

4/24/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CUMMINS, FLORENCE K
STREET ADDRESS 1113 S 14TH STREET
CITY- ST- ZIP LEESBURG FL 34748

TITLE ST
NAME CUMMINS, GILBERT E
STREET ADDRESS 1113 S 14TH STREET
CITY- ST- ZIP LEESBURG FL 34748

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1 1 TITLE D
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP

2 1 TITLE P/N/S/T/D
2 2 NAME Gilbert E. Cummins
2 3 STREET ADDRESS 11551 MAGNOLIA AVE.
2 4 CITY- ST- ZIP TAVARES, FL 32778

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gilbert E. Cummins President

4/24/96 352-343-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E034 (12/95)