

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 # P95000064004 (1)

1. Corporation Name

CEILING PRO OF TALLAHASSEE INC.



Principal Place of Business

2060 WHITE ASH WAY  
TALLAHASSEE FL 32308

Mailing Address

2060 WHITE ASH WAY  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3331072

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

BRAGDON, STANFORD R  
2060 WHITE ASH WAY  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 firm if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. 1 TITLE

President

☐ Change

☒ Addition

NAME

1.2 NAME

Stanford R. Bragdon

STREET ADDRESS

1.3 STREET ADDRESS

Rt. 16, Lonnie Gray Road  
Tallahassee, Florida 32310

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2. 1 TITLE

Vice President

☐ Change

☒ Addition

NAME

2.2 NAME

George A. Cirioni

STREET ADDRESS

2.3 STREET ADDRESS

2060 White Ash Way  
Tallahassee, Florida 32308

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3. 1 TITLE

Sec./Treasurer

☐ Change

☒ Addition

NAME

3.2 NAME

Traci L. Cirioni

STREET ADDRESS

3.3 STREET ADDRESS

2060 White Ash Way  
Tallahassee, Florida 32308

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

Traci L. Cirioni

Traci L. Cirioni/Sec.Treas. 5/1/96

(904)580-1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)