

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 # P95000082066 (8)

1. Corporation Name

BRUCE COFFY WALLCOVERING SPECIALISTS, INC.

Principal Place of Business

7920 GARDEN DRIVE NORTH
ST. PETERSBURG FL 33710

Mailing Address

7920 GARDEN DRIVE NORTH
ST. PETERSBURG FL 33710



2. Principal Place of Business

21 5501 97TH WAY N.

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG

Zip

24 33708

Country

25 PINELANDS

2a. Mailing Address

26 5501 97TH WAY N.

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG

Zip

29 33708

Country

30 PINELANDS

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

4. FEI Number

59-3359962
P95000082066

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

COFFY, BRUCE L
7920 GARDEN DRIVE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name Coffy, Bruce L. 33708

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

5501 97TH WAY N

83

84 ST. PETERSBURG

FL

85 Zip Code

33708

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BRUCE LEROY COFFY

STREET ADDRESS 5501 97TH WAY N.

CITY-ST-ZIP ST. PETERSBURG, FLA. 33708

TITLE ☐ DELETE

NAME VICE PRESIDENT

STREET ADDRESS SHERYL L. COFFY

CITY-ST-ZIP 5501 97TH WAY N

ST. PETERSBURG, FLA. 33708

TITLE ☐ DELETE

NAME SECRETARY

STREET ADDRESS SHERYL L. COFFY

CITY-ST-ZIP 5501 97TH WAY N

ST. PETERSBURG, FLA. 33708

TITLE ☐ DELETE

NAME TREASURER

STREET ADDRESS SHERYL L. COFFY

CITY-ST-ZIP 5501 97TH WAY N

ST. PETERSBURG, FLA. 33708

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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: Bruce Leroy Coffy Bruce L. Coffy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 813-391-9992

Date Daytime Phone #

CRF034 (12/95)