

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90019 036 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000090176**

1. Corporation Name  
**CANVAS CONNECTION, INC.**

**Principal Place of Business**

**4124 DOVER DR.  
BRADENTON FL 34203**

**Mailing Address**

**4124 DOVER DR.  
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**11/22/1995**

**4. FEI Number**

**65-0632942**

**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 owes the current year Intangible  
Personal Property Tax.** ☐ Yes ☐ No

**2. Principal Place of Business**

**21 2068 Harvard St**

Suite, Apt. #, etc.

**22**

City & State

**23 Sarasota, FL**

Zip

**24 34237**

Country

**25 USA**

**2a. Mailing Address**

**26 2068 Harvard St**

Suite, Apt. #, etc.

**27**

City & State

**28 Sarasota, FL**

Zip

**29 34237**

Country

**30 USA**

**9. Name and Address of Current Registered Agent**

**KNIGHTON, GREGORY  
4124 DOVER DR.  
BRADENTON FL 34203**

**10. Name and Address of New Registered Agent**

**81 Name**

**Knighton Gregory**

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

**2068 Harvard St**

**83**

**84 City**

**Sarasota**

**FL**

**85 Zip Code**

**34237**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ DELETE  
**NAME** **KNIGHTON, GREGORY**  
**STREET ADDRESS** **4124 DOVER DRIVE**  
**CITY-ST-ZIP** **BRADENTON FL 34203**

**TITLE** **S** ☒ DELETE  
**NAME** **KNIGHTON, DAWN**  
**STREET ADDRESS** **4124 DOVER DR.**  
**CITY-ST-ZIP** **BRADENTON FL 34203**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **P** ☒ Change ☐ Addition  
**1.2 NAME** **Knighton, Gregory**  
**1.3 STREET ADDRESS** **2068 Harvard St**  
**1.4 CITY-ST-ZIP** **Sarasota FL 34237**

**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 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 with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/7/99**

**(941) 955-0717**

CR2E034 (11/98)