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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000047164 (4)

1. Corporation Name

UPHOLSTERY AND SEWING INSTITUTE, INC.

Principal Place of Business

Mailing Address

928 S. KIMBREL AVE.
PANAMA CITY FL 32404

PO BOX 881
PANAMA CITY FL 32402-0881



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 928 S. Kimbrel Ave

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

Panama City, FL
32404

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/28/1996

4. FEI Number

Applied For

59-3381357

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

10. Name and Address of New Registered Agent

PORTER, MARVIN
928 S. KIMBREL AVE.
PANAMA CITY FL 32404

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PORTER, MAY J
STREET ADDRESS 928 S. KIMBREL AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

11 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PORTER, BRONKELLY D
STREET ADDRESS 928 S. KIMBREL AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

12 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PORTER, MARVIN
STREET ADDRESS 928 S. KIMBREL AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Porter 4/8/97 (904) 874-1763

CR2E034 (9/96)