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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57268** **(2)**

1. Corporation Name

BRADY COMMERCIAL INTERIORS, INC.

Principal Place of Business	Mailing Address
235 S. MAITLAND #209 MAITLAND FL 32751 US	235 S. MAITLAND AVE. #209 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1991**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address
21 225 S. SWOOPE AVE.	26 225 S. SWOOPE AVE.
Suite, Apt. #, etc 22 SUITE 111	Suite, Apt. #, etc 27 SUITE 111
City & State 23 MAITLAND, FL.	City & State 28 MAITLAND, FL.
Zip 24 32751	Country 25 SEMINOLE
Zip 29 32751	Country 30 SEMINOLE

4. FEI Number: **59-3068155** ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADY, LONDA BETH **436 HOMER AVE.** **LONGWOOD FL 32750**	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 17	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BRADY, LONDA BETH	12 NAME	
STREET ADDRESS	436 HOMER AVE.	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KJOS, KAREN DIANA	22 NAME	
STREET ADDRESS	528 GREEN MEADOW CT.	23 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above or on an attachment with an address.

SIGNATURE: _____ LONDA B. BRADY 4/28/95 407/539-2338
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Area Code & Daytime Phone Number)

0042N1 CP