FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69961** **(8)**

1. Corporate Name

GANDY CUSTOM CANVAS, INC.

Principal Place of Business

13050 GANDY BLVD
ST PETERSBURG FL 33702

Mailing Address

13050 GANDY BLVD
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1991**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3079827** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or etc. — 22

Suite, Apt. # or etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONICA, HERBERT R.
505 E JACKSON ST
SUITE 203
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 Section 607.0505 and 607.1509 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 duties of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TYPE	DP	TYPE ☒ Change ☐ Addition: DP
NAME	ROSE, BARBARA	NAME: Barbara Rose
STREET ADDRESS	213 BOONE DR	STREET ADDRESS: 13050 Gandy Blvd # 1
CITY, ST, ZIP	AUBURNDALE FL	CITY, ST, ZIP: St Petersburg Fla 33702
TYPE	T	TYPE ☒ Change ☐ Addition:
NAME	KISER, RANDY	NAME: RANDY KISER
STREET ADDRESS	213 BOONE DR	STREET ADDRESS: 4826 N HWY 27
CITY, ST, ZIP	AUBURNDALE FL	CITY, ST, ZIP: HAINES CITY
TYPE	VP	TYPE ☒ Change ☐ Addition: VP
NAME	UPSON, JO	NAME: JO UPSON
STREET ADDRESS	5 MORNING GLORY DR	STREET ADDRESS: 10401 Snug Harbor Lot 267
CITY, ST, ZIP	OAKRIDGE NJ	CITY, ST, ZIP: St Petersburg Fla 33702
TYPE		TYPE ☐ Change ☐ Addition:
NAME		NAME:
STREET ADDRESS		STREET ADDRESS:
CITY, ST, ZIP		CITY, ST, ZIP:
TYPE		TYPE ☐ Change ☐ Addition:
NAME		NAME:
STREET ADDRESS		STREET ADDRESS:
CITY, ST, ZIP		CITY, ST, ZIP:
TYPE		TYPE ☐ Change ☐ Addition:
NAME		NAME:
STREET ADDRESS		STREET ADDRESS:
CITY, ST, ZIP		CITY, ST, ZIP:

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1 or Block 10 if changed, or is added, in connection with an address.

SIGNATURE: Barbara Rose BARBARA W ROSE DP 5/4/95 813 677-5693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0206909 CP