

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S80411 (9)

1. Corporation Name

TIM'S PROFESSIONAL PAPER HANGING, INC.

FILED
95 AUG -8 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

382 BAYSINGER AVE
FT PIERCE FL 34902

Mailing Address

382 BAYSINGER AVE
FT PIERCE FL 34902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

21 389 NE Gulfstream Ave

2b. Mailing Address

26 389 NE Gulfstream Ave

4. FEI Number

65-0296038

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. 193.022,
Florida Statutes

☐ Yes

☒ No

City & State

23 Port St Lucie, FL

City & State

28 Port St Lucie, FL

24 34983

25

St. Lucie

29 34983

30

St. Lucie

9. Name and Address of Current Registered Agent

SHAHER, T CHARLES
805 DELAWARE AVE
SUITE 2
FT PIERCE FL 34950

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 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 in printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPS
ZELNAR, TIMOTHY
382 BAYSINGER AVE
FT PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DVT
ZELNAR, REBECCA KATHLEEN
382 BAYSINGER AVE
FT PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
Change ☒ Addition ☐
389 NE Gulfstream Ave
PSC, FL 34983

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
Change ☒ Addition ☐
389 NE Gulfstream Ave
PSC, FL 34983

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
Change ☐ Addition ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature (Typed)

Rebecca K Zelnar / Vice President 8-31-95 407-878-4480