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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:58

DOCUMENT # **S86755** **(3)**

1. Corporation Name
SUNSTATE DRAPERY SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
2126 S RIVERSIDE DR EDGEWATER FL 32141 US	3930 S. NOVA ROAD SUITE C-7 PORT ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1991**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21 3830 S. NOVA RD.
22 SUITE C-4
23 PORT ORANGE FL
24 Zip 32127 25 Country U.S.

2a. Mailing Address
26 3830 S. NOVA Rd.
27 SUITE C-4
28 PORT ORANGE FL
29 Zip 32127 30 Country U.S.

4. FEI Number: **59-3088781** ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LABIAK, ROBERT P.
102 SPRINGWOOD SQ
PORT ORANGE FL 32118

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LABIAK, ROBERT P.	12 NAME	
STREET ADDRESS	102 SPRINGWOOD SQ	13 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LABIAK, ELIZABETH M.	22 NAME	
STREET ADDRESS	4885 ARECA PALM ST	23 STREET ADDRESS	
CITY ST ZIP	COCOA FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LABIAK, PAMELA E.	32 NAME	
STREET ADDRESS	4885 ARECA PALM ST	33 STREET ADDRESS	
CITY ST ZIP	COCOA FL	34 CITY ST ZIP	
TITLE	2V	41 TITLE	☐ Change ☐ Addition
NAME	LABIAK, DAVID C.	42 NAME	
STREET ADDRESS	4885 ARECA PALM ST	43 STREET ADDRESS	
CITY ST ZIP	COCOA FL	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 if changed, or on an attachment with an address.

SIGNATURE: ROBERT P. LABIAK 3-28-95 (904) 761-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012097 CP