

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S87322 (1)

1. Corporation Name

EMBROIDERY HUT, INC.

Principal Place of Business

**5434 CENTRAL FLORIDA PKWY
ORLANDO FL 32821**

Mailing Address

**5434 CENTRAL FLORIDA PKWY
ORLANDO FL 32821**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1991

3a. Date of Last Report

08/08/1994

4. FEI Number

59-3090812

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEISING, CHRISTOPHER
5434 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **WEISING, CHRISTOPHER**
STREET ADDRESS **5434 CENTRAL FLORIDA PKWY**
CITY-ST-ZIP **ORLANDO FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Address Change:
7101 Presidents DR. #270
ORLANDO FLA. 32809

☒ Change

☐ Addition

TITLE **V**
NAME **WILSON, CHARLES H.**
STREET ADDRESS **5434 CENTRAL FLORIDA PKWY**
CITY-ST-ZIP **ORLANDO FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Principals Stay the Same
Address Changed:

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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 this 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

Christopher Weising
President

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

1-23/95

Date

407-858-0886

Telephone (Area)