

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Maxham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11:11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44189**

(1)

HENRY DESCHAMPS INC.

DO NOT WRITE IN THIS SPACE

Previous Report (if any)		Mailing Address	
4550 PIKE AVE. SARASOTA FL 34233		4550 PIKE AVE. SARASOTA FL 34233	
2. Principal Place of Business		2a. Mailing Address	
21. Suite Apt # etc.		26. Suite Apt # etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		30. Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
06/17/1992		08/08/1994	
4. FEI Number		Applied For	
65-0323617		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	
7. This corporation has been delinquent for filing its report under § 199.032, Florida Statutes		Yes ☒ No ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DESCHAMPS, HENRY 4550 PIKE AVE. SARASOTA FL 34233				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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P DESCHAMPS, HENRY	1.1 NAME	☐ Change ☐ Addition
2. STREET ADDRESS	4550 PIER AVE	1.2 NAME	
3. CITY, ST, ZIP	SARASOTA FL	1.3 STREET ADDRESS	
4. CITY, ST, ZIP		1.4 CITY, ST, ZIP	
5. NAME		2.1 NAME	☐ Change ☐ Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY, ST, ZIP		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. NAME		3.1 NAME	☐ Change ☐ Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY, ST, ZIP		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. NAME		4.1 NAME	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. NAME		5.1 NAME	☐ Change ☐ Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY, ST, ZIP		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. NAME		6.1 NAME	☐ Change ☐ Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the manager 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 of this report or on an attached document with an address.

SIGNATURE **HENRY DESCHAMPS**

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Deschamps

4/30/95

(Signature Name)