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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018260 (6)**

1. Corporation Name

MICROFINISHES, INC.

Principal Place of Business	Mailing Address
7595 BAYMEADOWS CIRCLE WEST SUITE 606 JACKSONVILLE FL 32256	7595 BAYMEADOWS CIRCLE WEST SUITE 606 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report: 3/95

2. Principal Place of Business
21: 8787 SOUTHSIDE BLVD
22 Suite, Apt. #, etc.: SUITE 4910
23 City & State: JACKSONVILLE
24 Zip: 32256 25 Country: USA

2a. Mailing Address
26: P.O.Box 16821
27 Suite, Apt. #, etc.:
28 City & State: JACKSONVILLE
29 Zip: 32245 30 Country: USA

4. FEI Number: 59-3304582 ☐ 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

BANCHAND-GREENE, MARIANNE
7595 BAYMEADOWS CIRCLE WEST
SUITE 606
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: BACHAND-GREENE, MARIANNE
82 Street Address (P.O. Box Number is Not Acceptable): 8787 SOUTHSIDE BLVD
83: SUITE 4910
84 City: JACKSONVILLE, B FL 85 Zip Code: 32256

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] MARIANNE BACHAND-GREENE 2/25/96
Signature required for printed name of registered agent or authorized agent above. (If FL Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, DAVID 7595 BAYMEADOWS CIRCLE WEST, SUITE 606 JACKSONVILLE FL 32256	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition	GREENE, DAVID P.O. Box 1723 / Bass Rd MELROSE, FL 32666
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANCHAND-GREEN, MARIANNE 7595 BAYMEADOWS CIRCLE WEST, SUITE 606 JACKSONVILLE FL 32256	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition	BACHAND-GREENE, MARIANNE P.O.Box 1723 - Bass Rd. MELROSE, FL 32666
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition	

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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] MARIANNE BACHAND-GREENE 2/25/96 904-699-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #