FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000022602**1. Corporation Name

JUNIOR'S TRIM, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90030 013 ***150.00



| Principal Place of Business Mailing Address | | | | | # { U U | 0 (1881 50M) | |
|--|---|---------------------------------------|------------------------------|--|---|---------------------|---|
| 317 SANDPIPER DR. CASSELBERRY FL 32707 317 SANDPIPER DR. CASSELBERRY FL 32707 | | | | | | | |
| | | | | TO MOTING THE PLANT | | | |
| | | | | DO NOT WRITE IN THI | S SPACE | 1 | |
| | | | | 3. Date Incorporated or Qualifed 03/11/1996 | | - | 1 |
| | | 20 Mailing Address | ···· | 4, FEI Number | Applie | d For | i |
| | lace of Business | 2a. Mailing Address | | 59-3378606 | <u> </u> | pplicable | i |
| Suite, Apt. | # atc | Suite, Apt. #, etc. | | | \$8.75 Addi | | i |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Requirements | | | i |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 | | v Be | İ |
| 23 | | 28 | | Trust Fund Contribution | Added to F | | |
| Zip | Country | | Country | 8. This corporation owes the current year Ir | tangible | | ļ |
| 24 | 25 | 29 30 | | Personal Property Tax. | ☐ Yes ☐ | No | l |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registered | I Agent | | l |
| | | | 81 Name | | | | |
| MILLER, J. GARY | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | | l |
| | LEE RD. | | | | .,. | | |
| | TE 120 | | 83 | | | - | |
| WIN | ter park fl 32789 | | 84 City | | 85 Zip Cod | le | |
| | | . <u> </u> | | FI | _ ` | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, th | e above-named corporati | poration submits this statement for the purpose consists board of directors. I hereby accept the appe | of changing its reg pintment as regist | jistered (lered | |
| agent. I a | im familiar with, and accept the obliga | tions of, Section 607.0505, Florida S | tatutes. | ion o bound of an enterior in the larger than appropriate appropri | | | |
| SIGNATURE | | | | | | i | 1 |
| ****** | Signature, typed or printed name of registered ager | | ered Agent signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS | IN 12 | á |
| 12. | , | | 13. 1 TITLE | ADDITIONS/CHANGES TO OFFICERS A | | Addition | 3 |
| TITLE | D CODDANO LOUIS SB | _ | 2 NAME | | _ , | | - |
| NAME | GIORDANO, LOUIS SR. 317 SANDPIPER DR. | | 3 STREET ADDRESS | | | | 2 |
| STREET ADDRESS | ! | | | | - | | 5 |
| CITY-ST-ZIP TITLE | CASSELBERRY FL 32707 | | .4 CITY-ST-ZIP | | ☐ Change | Addition | ۲ |
| NAME | GIORDANO, DEBORAH L | | 2 NAME | | | | l |
| STREET ADDRESS | A 044100000000000 | | 3 STREET ADDRESS | and the second s | | | l |
| | CASSELBERRY FL 32707 | | 4 CITY-ST-ZIP | | | l | |
| TITLE | CAGGELDERINI I E GETOT | | 1 TITLE | | ☐ Change | Addition | |
| NAME | | 3 | .2 NAME | | | | |
| STREET ADDRESS | | | .3 STREET ADDRESS | | | • | |
| CITY-ST-ZIP | | | 4. CITY-ST-ZIP | | | | } |
| TITLE | | | .1 TITLE | | Change | Addition | - |
| NAME | | | . 2 NAME | • | | | |
| STREET ADDRESS | | • | .3 STREET ADDRESS | • | | | ļ |
| CITY-ST-ZIP | 1 | 4 | 4 CITY-ST-ZIP | · | | | |
| TITLE | | | .1 TITLE | | Change | Addition I | ĺ |
| NAME | | | .2 NAME | | | | |
| STREET ADDRESS | | | 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | .4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE 6 | .1 TITLE | | ☐ Change | Addition | |
| NAME | ľ | 6 | .2 NAME | | | | |
| STREET ADDRESS | | į e | .3 STREET ADDRESS | • | | | |
| | | | | | | | |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

REQUIREUSA.

(407) 695-7187