

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:53

DOCUMENT # 573398 (5)

1. Corporation Name

B & C FURNITURE STRIPPERS, INCORPORATED

Principal Place of Business

6691A 33RD ST E
SARASOTA FL 34243

Mailing Address

6691A 33RD ST E
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/24/1978

3a. Date of Last Report

02/18/1994

4. F.E.I. Number

59-1836377

Applied For

Check Applicable
Block Applicable

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under Ch. 193, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

TAYLOR, IRMA I.
148 CRESCENT DR.
ANNA MARIA FL 33501

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3. City

B4. State

FL

B5. Zip Code

34216

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. Each 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

(Print or type name of person signing this statement and the title.)

(Print or type name of person signing this statement and the title.)

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, ST, ZIP

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. NAME

31. STREET ADDRESS

32. 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 Ch. 193, 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. That I am an officer or director of the corporation or the treasurer or transfer agent or an individual employed to execute this report as required by Chapter 193, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

KATHIE A. DIAZ

Sec./Treas.

2/7/95 (813) 726-7052