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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 677564

TRIM LINE OF WEST TAMPA, INC.

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90012 016 ***150.00



Principal Place	e of Business	Mailing Address			L (BOLIS BILL) (SBU (SBU) BILL BILL SIDI OL			
9605 E. HILLSB	OROUGH	9605 E. HILLSBOROUGH						
TAMPA FL 33610 US		TAMPA FL 33610 US		DO NOT WRITE IN THIS SPACE				
03		00			3. Date Incorporated or Qualifed		· • · · ·	1
	•				07/03/1980			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For] ,
21		26			<u>59-2124152</u>	N	iot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	Additional Required		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	1	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year			
24	25		30		Personal Property Tax.	☐ Yes	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent		4
DOD	INCOM PIGHADD A		Ì	81 Name				
ROBINSON, RICHARD A. 305 RUNNING HORSE ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptable)			1
SEFI	FNER FL 33584			83			120 2 11 12	1
				24 00	<u> </u>		Code	-
				84 City	F	-L 85 Zip	Code	
						of changing it	e registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was at	ithorized	by the cornorat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as r	egistered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was at lions of, Section 607.0505, Flor	uthorized rida Statu	by the corporat	tion's board of directors. I hereby accept the ap	pointment as r	registered	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP