

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005654 (8)**

1. Corporation Name

ACCENT STRIPE, INC.



Principal Place of Business

**3275 BENZING RD.
ORCHARD PARK NY 14127**

Mailing Address

**3275 BENZING RD.
ORCHARD PARK NY 14127**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

9. Name and Address of Current Registered Agent

**WHITEHEAD, J. MARK
1101 N. LAKE DESTINY RD.
MAITLAND FL 32794**

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

01/31/1995

4. FEI Number

16-1063430

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12. OFFICERS AND DIRECTORS
12.1 NAME
12.2 STREET ADDRESS
12.3 CITY
12.4 STATE
12.5 ZIP
12.6 TITLE
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY
12.10 STATE
12.11 ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY
12.16 STATE
12.17 ZIP
12.18 TITLE
12.19 NAME
12.20 STREET ADDRESS
12.21 CITY
12.22 STATE
12.23 ZIP
12.24 TITLE

PD
BUCHHEIT, GERALD A JR
6210 OLD LAKESHORE RD.
LAKEVIEW NY 14085
V
SPIESZ, EDWARD W
4046 TOWERS
HAMBURG NY 14075
S
BUCHHEIT, SUSAN M
4220 MISTY MEADOW LN.
HAMBURG NY 14075
T
BUCHHEIT, RICHARD F
21 KINGSWOOD
ORCHARD PARK NY 14127

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME
13.2 STREET ADDRESS
13.3 CITY
13.4 STATE
13.5 ZIP
13.6 TITLE
13.7 NAME
13.8 STREET ADDRESS
13.9 CITY
13.10 STATE
13.11 ZIP
13.12 TITLE
13.13 NAME
13.14 STREET ADDRESS
13.15 CITY
13.16 STATE
13.17 ZIP
13.18 TITLE
13.19 NAME
13.20 STREET ADDRESS
13.21 CITY
13.22 STATE
13.23 ZIP
13.24 TITLE

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14. I hereby certify that the information supplied with this form 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 included on this statement 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 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:

Gerald A. Buchheit Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96
DATE

(716) 823-7704
DUTY PHONE #

CR2E034 (12/95)