

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H44470** (3)

1. Corporation Name  
**PETE'S FINAL FINISH, INC.**



Principal Place of Business: **1100 E. AVE. NORTH SARASOTA FL 34237**  
Mailing Address: **1100 E. AVE. NORTH SARASOTA FL 34237**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: **02/26/1985**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-2494547**  
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

**g. Name and Address of Current Registered Agent**

**SCHNURR, JOSEPH A.  
2307 PALMA SOLA BLVD.  
BRADENTON FL 33529**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. TITLE: **VSD**  DELETE  
NAME: **SCHNORR, NORMA A.**  
STREET ADDRESS: **2307 PALMA SOLA BLVD**  
CITY, ST, ZIP: **BRADENTON FL**

2. TITLE: **PTD**  DELETE  
NAME: **SCHNURR, JOSEPH A.**  
STREET ADDRESS: **2307 PALMA SOLA BLVD.**  
CITY, ST, ZIP: **BRADENTON FL**

3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE:  Change  Addition  
1.2 NAME: **Schnurr, Norma**  
1.3 STREET ADDRESS: **2307 Palma Sola Blvd.**  
1.4 CITY, ST, ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY, ST, ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY, ST, ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY, ST, ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY, ST, ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY, ST, ZIP:

14. I do 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 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 Book 12 or Book 13 (if changed), or on an attachment with an address.

SIGNATURE: **Joe A Schnurr** **2/14/94** **941-953-3293**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)