

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1900 North Bay Street, Tallahassee, FL 32301

APPROVED
7/3
7/3

COMM. # 1013

10/01/1995
10/01/1995

DOCUMENT # **H79266**

(3)

1. Corporation Name

POMPAÑO THIS END UP, INC.

Principal Place of Business
**1309 EXCHANGE ALLEY
RICHMOND VA 23219**

Mailing Address
**1309 EXCHANGE ALLEY
RICHMOND VA 23219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **54-1342006** 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**

7. The corporation has liability for unpaid taxes under S. 199.002 Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607, 608 and 609, 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, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	D RICHARDS, ARTHUR V.
12.2 STREET ADDRESS	ONE THEALL ROAD
12.3 CITY, ST, ZIP	RYE NY
12.4 NAME	D GURAESHI, SHAHD
12.5 STREET ADDRESS	ONE THEALL ROAD
12.6 CITY, ST, ZIP	RYE NY
12.7 NAME	DP MCELHINNEY, DOUGLAS H.
12.8 STREET ADDRESS	1309 EXCHANGE ALLEY
12.9 CITY, ST, ZIP	RICHMOND VA
12.10 NAME	V THOMAS, JEFFREY L.
12.11 STREET ADDRESS	1309 EXCHANGE ALLEY
12.12 CITY, ST, ZIP	RICHMOND VA
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1)

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	
13.8 NAME	Kemeny, Robert
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	
13.11 NAME	☐ Change ☐ Addition
13.12 NAME	
13.13 STREET ADDRESS	
13.14 CITY, ST, ZIP	
13.15 NAME	☐ Change ☐ Addition
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it complies with the requirements of Sections 199.002 and 199.003, Florida Statutes. I further certify that the information submitted 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 prepare this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

204 644/218