

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J54848 (3)
1. Corporation Name
CHARLES HIBDON SANDBLASTING & PAINTING, INC.

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 02/02/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2772438	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	

2. Principal Place of Business 17705 MARSH ROAD WINTER GARDEN FL 34787	2a. Mailing Address 17705 MARSH ROAD WINTER GARDEN FL 34787
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country

9. Name and Address of Current Registered Agent JOHNSON, BLAIR M. 425 SOUTH DILLARD ST WINTER GARDEN FL		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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☒ Addition
NAME	HIBDON, CHARLES	1.2 NAME	Hibdon, Michael
STREET ADDRESS	17705 MARSH ROAD	1.3 STREET ADDRESS	17705 Marsh Rd.
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	HIBDON, JOYCE	2.2 NAME	
STREET ADDRESS	17705 MARSH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Hibdon

Joyce Hibdon

4/21/95

407-656-8042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #