

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J84746 (3)

1. Corporation Name

CERTIFIED SEWING SERVICES, INC.



Principal Place of Business

306 10TH AVENUE, NORTH
SAFETY HARBOR FL 33570-4246

Mailing Address

306 10TH AVENUE, NORTH
SAFETY HARBOR FL 33570-4246

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BASKIN, HAMDEN H., III
516 N. FT. HARRISON AVE
CLEARWATER FL 34615

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/22/1987

3a. Date of Last Report

05/01/1995

4. FET Number

59-2830481

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

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 is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP
HALL, GORDON E.
19636 - GULF BLVD.
INDIAN ROCKS BCH FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DST
LOPATIN, JEFFREY
2300 S. BELCHER ROAD
LARGO FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Jeffrey A. Lopatin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

DATE

Dayton - Phone

CR2E034 (12/95)