

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J88484 (7)

1. Corporation Name

DECORS & MICA-INC.
Cabinets Plus of SW. FL., Inc.

Principal Place of Business

5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

Mailing Address

5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

APPROVED
AND
FILED

95 MAY -1 PH 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/20/1987 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2845130 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FRY, JAMES H.
5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRY, JAMES H.
STREET ADDRESS 5450 WILLIAMSBURG DR.
CITY ST ZIP PUNTA GORDA FL

TITLE VD
NAME FRY, JAMES E.
STREET ADDRESS 5450 WILLIAMSBURG DR.
CITY ST ZIP PUNTA GORDA FL

TITLE ST
NAME FRY, SANDRA K.
STREET ADDRESS 5450 WILLIAMSBURG DR.
CITY ST ZIP PUNTA GORDA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME 300001470333
23 STREET ADDRESS -05/02/95--01020--011
24 CITY ST ZIP *****200.00 *****200.00

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME D Wood, Frank E.
43 STREET ADDRESS 5450 Williamsburg Dr.
44 CITY ST ZIP Punta Gorda, FL 33982

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP 7/5, 5/1/95

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 110.07(3)(b), 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:

James H. Fry - James H. Fry 4-20-95 (813) 637-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area)