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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # K18433 (8) TRIMMERS' FABRIC SUPPLY, INCORPORATED						
Principal Place of Busines	SS	Mailing Address			1411 G1G11 G1G11 E1G11	gillis esent elett ides
5850 HOUCHIN ST BUILDING F NAPLES FL 33942-1904		5850 HOUCHIN ST BUILDING F NAPLES FL 33942-1804				
				3. Date Incorporated or Qualified 03/17/1988	3a. Date of La 03/28/	
. Principal Place of Bus	iness	2a. Mailing Address		4. FEI Number	i i	Applied For
		26		65-0035345		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$	5.00 May Be
		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		ler s 199.032,
, Non	25 ne and Address of Curr	29 Anni Panistered Agent	30	Florida Statutes Yes 10. Name and Address of New R	No No	
y, Nan	ne and Address of Curr	ent negistered Agent	81 Name	10. Name and Address of New A	egistered Agen	
WIPERT, PAUL M	A.		82 Street Add	ress (P.O. Box Number is Not Acceptab	lo\	
5850 F HOUCHII			62 Street Addr	Ress (F.O. Box (Normber is Not Acceptab		
NAPLES FL 3394	12		83			
			84 City		 85	Zip Code
					┡┖┆	
or registered agent.	or both, in the State of Fk	uz and 607.1508, Florida Stat orida. Such change was autho	utes, the above-harried corpor rized by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pintment as regisi	tered agent. I am
familiar with, and acc	cept the obligations of, Se	ection 607.0505, Florida Statut	es.	and of carbotate. Thereby decept the appro-		v
SIGNATURE		ection 607.0505, Florida Statut	es.			
SIGNATURESignature, typ	ned or printed name of registered ag	ection 607.0505, Florida Statut	9S. NOTE: Registered Agent signature require		DATE	
SIGNATURE Signature, typ 2. ITLE PSD	ed or printed name of registered ag OFFICERS A	ection 607.0505, Florida Statut ent and title if applicable	es. NOTE: Registered Agent signature require	ed when reinstating:	DATE	CTORS IN 12
SIGNATURE Signature, typ 2. ITLE PSD WIPEI	OFFICERS A	ection 607.0505, Florida Statut ent and title if applicable ND DIRECTORS	es. NOTE Registered Agent signature require 13.	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE Signature, typ 2. IIILE PSD WIPEI STREEL ADDRESS 5850-	of or printed name of registered ag OFFICERS A RT, PAUL M. F HOUCHIN ST.	ection 607.0505, Florida Statut ent and title if applicable ND DIRECTORS	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE Signature, typ 12. IIILE PSD WIPEL STREEL ADDRESS 5850- DILY-ST-ZIP NAPL	OFFICERS A	ent and title if applicable ND DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12 ange [] Addition
SIGNATURE Signature, typ 2. IIILE PSD WIPEI STREEL ADDRESS 5850- NAPL IIILE VT	ed or printed name of registered ag OFFICERS A RT, PAUL M. F HOUCHIN ST. ES FL 33942-1904	ection 607.0505, Florida Statut ent and title if applicable ND DIRECTORS	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12 ange [] Addition
SIGNATURE Signature, typ 2. ITLE PSD WIPEI THEE! ADDRESS INY-SI-ZIP NAPL ITLE VT AME SMITH	ed or printed name of registered ag OFFICERS A RT, PAUL M. F HOUCHIN ST. ES FL 33942-1904 H, RICHARD J.	ent and title if applicable ND DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12 ange [] Addition
SIGNATURE Signature, typ 2. ITLE PSD WIPEI MARE S850- MAY-ST-ZIP NAPL MILE VT MAME SMITH MARE ASSOCIATION SMITH	ed or printed name of registered ag OFFICERS A RT, PAUL M. F HOUCHIN ST. ES FL 33942-1904	ent and title if applicable ND DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE	CTORS IN 12 ange [] Addition
SIGNATURE	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable ND DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating:	DATE ICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable END DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating:	DATE ICERS AND DIRE ☐ Cha	ECTORS IN 12 ange
SIGNATURE	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable END DIRECTORS DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE Cha	CTORS IN 12 ange
SIGNATURE Signature, typ 2.	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable IND DIRECTORS DELETE DELETE	es. NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. IIILE SIGNATURE SIGNATURE PSD WIPEI 5850- NAPL IIILE VT SMITH SIREEI ADDRESS 659 N NAPL IIILE AMME SIREEI ADDRESS SIREEI ADDRESS	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable END DIRECTORS DELETE	es. NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE Cha	CTORS IN 12 ange
SIGNATURE Signeture, typ 2. IIILE AME STREEL ADDRESS IIIY-SI-ZIP IIILE AME AME SMITH SMITH SMITH SMITH SMITH AME IIIY-SI-ZIP IIILE AME IIIY-SI-ZIP IIILE AME IIIY-SI-ZIP IIILE IIILE AME IIIY-SI-ZIP IIILE II	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable IND DIRECTORS DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. IILE AME SHIPE PSD WIPEI 5850- NAPL IILE VI AME SMITT SMITT AME ITY-S1-ZIP ILE AME IREEI ADDRESS	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable IND DIRECTORS DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. IILE SIGNATURE PSD WIPEI FREEL ADDRESS S850- NAPL IILE VT SMITH SMITH TREEL ADDRESS NAPL IILE AME IREEL ADDRESS ITY-S1-ZIP	PART OFFICERS A STATE OF THE PROJECT OFFICERS A STATE OF THE PART OF THE PROJECT OF THE PART OF THE PA	ent and title if applicable IND DIRECTORS DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. IILE AME STREEL ADDRESS IILY-SI-ZIP IILE AME SMITT SMITT SMITT AME AME ITY-SI-ZIP IILE AME ITY-SI-ZIP ITHE AME ITY-SI-ZIP ITHE AME ITY-SI-ZIP ITHE IREEL ADDRESS ITY-SI-ZIP ITHE IREEL ADDRESS ITY-SI-ZIP ITHE IREEL ADDRESS ITY-SI-ZIP ITHE I	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. IILE AME STREEL ADDRESS IILY-ST-ZIP IILE AME SMITT SMITT SMITT SMITT AME AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE IREEL ADDRESS ITY-ST-ZIP ITLE ITHE IREEL ADDRESS ITY-ST-ZIP ITLE ITHE I	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signeture, typ 2. ITLE AME STREEL ADDRESS STATE THE SMITH SMI	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signeture, typ 2. ITLE AME AME AME AME AME AME AME A	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2. ITLE AME SIGNATURE SIGNATURE PSD WIPEI SIGNATE SIGNATURE SIG	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange
SIGNATURE Signature, typ 2.	PART OF PRINTED AND THE PRINTE	cotion 607.0505, Florida Statut ent and title if applicable VND DIRECTORS DELETE DELETE DELETE DELETE	es. NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating:	DATE ICERS AND DIRE Cha	ECTORS IN 12 ange

SIGNATURE: Pichard J Smith U. P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-50-96 597 5883

CR2E034 (12/95)