

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79826** (9)

1. Corporation Name

WORLDWIDE REFINISHING SYSTEMS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**4240 LORRAINE AVE
NAPLES FL 33942**

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NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1989** 3a. Date of Last Report **04/18/1994**

4. FEI Number **65-0114661** 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. 199.035, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATES, APRIL
4100 LOOKING GLASS LANE #4
NAPLES FL 33962**

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 607.02(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.02(2), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME **PS**
2. STREET ADDRESS **BATES, APRIL K**
3. CITY AND STATE **4100 LOOKING GLASS LANE #4**
4. ZIP CODE **NAPLES FL**

1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS
3. CITY AND STATE
4. ZIP CODE
5. NAME ☐ Change ☐ Addition
6. STREET ADDRESS
7. CITY AND STATE
8. ZIP CODE
9. NAME ☐ Change ☐ Addition
10. STREET ADDRESS
11. CITY AND STATE
12. ZIP CODE
13. NAME ☐ Change ☐ Addition
14. STREET ADDRESS
15. CITY AND STATE
16. ZIP CODE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.035, Florida Statutes. I further certify that the information included on the 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 registered agent of the corporation and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the provisions of Section 607.02(2), Florida Statutes, and that my name appears in Block 12, or Block 13, or both, as required by an officer or director of the corporation.

SIGNATURE:

April K. Bates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

643-4339