

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 # K93393

(2)

1. Corporation Name

MIL-SPEC FINISHERS, INC.



Principal Place of Business

C/O DAVID S. GOLDMAN  
1212 N. HERCULES AVE.  
CLEARWATER FL 34625  
US

Mailing Address

% DAVID S. GOLDMAN  
1212 N. HERCULES AVE.  
CLEARWATER FL 34625

2. Principal Place of Business

21 1700 N. Hercules Ave.,

2a. Mailing Address

26 P.O. Box 5272

Suite, Apt. #, etc.

22 Bldg. # 3

City & State

23 Clearwater, FL

Zip

24 34625

Country

25 USA

City & State

28 Clearwater, FL

Zip

29 34618-5272

Country

30 USA

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID S.  
1212 N. HERCULES AVE.  
CLEARWATER FL 34625

3. Date Incorporated or Qualified

06/07/1989

3a. Date of Last Report

06/07/1995

4. FEI Number

59-2956220

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

81 Name

Goldman, David S.

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

1700 N. Hercules Ave.

83 Bldg. #3

84 City

Clearwater

FL

85 Zip Code

34625

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 relocating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
GOLDMAN, DAVID S.  
STREET ADDRESS 1212 N. HERCULES AVENUE  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME VP  
GOLDMAN, TODD H  
STREET ADDRESS 1212 N. HERCULES AVE.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME VPD  
GOLDMAN, ANDREW M  
STREET ADDRESS 1212 N. HERCULES AVENUE  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME SD  
REDMAN, RITA M  
STREET ADDRESS 1212 N. HERCULES AVE.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME T  
GOLDMAN, LENORE D  
STREET ADDRESS 1212 N. HERCULES AVE.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1700 N. Hercules Ave., Bldg. #3  
1.4 CITY-ST-ZIP Clearwater, FL 34625

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1700 N. Hercules Ave., Bldg. #3  
2.4 CITY-ST-ZIP Clearwater, FL 34625

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1700 N. Hercules Ave., Bldg. #3  
3.4 CITY-ST-ZIP Clearwater, FL 34625

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 1700 N. Hercules Ave., Bldg. #3  
4.4 CITY-ST-ZIP Clearwater, FL 34625

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 1700 N. Hercules Ave., Bldg. #3  
5.4 CITY-ST-ZIP Clearwater, FL 34625

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

Rita M. Redman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita M. Redman, Secretary

4/30/96 (813) 441-1189

Date

Daytime Phone #

CR2E034 (12/95)