

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

APPROVED AND FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L76986 (3)**
1. Corporation Name
JENSEN'S SOLID SURFACE FABRICATIONS AND KITCHEN REMODELING, INC.

Principal Place of Business Mailing Address
6001 JOHNS RD STE 243 TAMPA FL 33634 US **470 SEVERN AVE TAMPA FL 33606 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **6001 JOHN RD**
22 City & State 27 **STE 243**
23 **TAMPA, FL**
24 **33634** 25 **US**

3. Date Incorporated or Qualified **05/29/1990** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-3024993** 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. 193.005, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JENSEN, GLENN
470 SEVERN AVE.
TAMPA FL 33606**

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 to the address 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 aware of the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. LIST OF OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE DPS	1. NAME JENSEN, GLENN	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 470 SEVERN AVE.	2. CITY, ST. ZIP TAMPA FL	2. NAME	
3. TITLE T	3. NAME JENSEN, REBECCA	3. STREET ADDRESS	
4. STREET ADDRESS 470 SEVERN AVE.	4. CITY, ST. ZIP TAMPA FL	4. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. NAME	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. STREET ADDRESS	6. NAME	6. NAME DONALD MILLER	
7. CITY, ST. ZIP	7. STREET ADDRESS	7. STREET ADDRESS 2509 W. ARLEEN ST.	
8. TITLE	8. CITY, ST. ZIP	8. CITY, ST. ZIP TAMPA, FL 33607	
9. NAME	9. CITY, ST. ZIP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	10. NAME	10. NAME	
11. CITY, ST. ZIP	11. STREET ADDRESS	11. STREET ADDRESS	
12. TITLE	12. CITY, ST. ZIP	12. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	13. NAME	13. NAME	
14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	
15. CITY, ST. ZIP	15. CITY, ST. ZIP	15. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. Further, I certify that the information provided 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Glenn Jensen* GLENN JENSEN 4-27-95 813 884 3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR