

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L79330

(1)

1. Corporation Name

JIM REMODELING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JIM VACHON
2155 NE 171 STREET
N. MIAMI FL 33162
C/O JIM VACHON
2155 NE 171 STREET
N. MIAMI FL 33162

2. Principal Place of Business 26. Mailing Address

21. 26.

State, Apt. #, etc. State, Apt. #, etc.

22. 27.

City & State City & State

23. 28.

Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 3a. Date of Last Report
06/07/1990 01/25/1994

4. FEI Number Applied For
65-0196088 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

VACHON, JIM
2155 NE 171 STREET
N. MIAMI FL 33162

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 607.1509, 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 of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME D VACHON, JIM
2. STREET ADDRESS 2155 NE 171 STREET
3. CITY, ST, ZIP N. MIAMI FL
4. NAME
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28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Chapter 489, 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 and shall be under oath. That I am an officer or director of the corporation or the recipient of the report or the report is prepared by Chapter 489, Florida Statutes, and that my name appears on the report or the report is prepared by Chapter 489, Florida Statutes, and that my name appears on the report or the report is prepared by Chapter 489, Florida Statutes.

SIGNATURE:

X Jim Vachon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95

Signature of Agent