

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L79330

(1)

1. Corporation Name

JIM REMODELING, INC.



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

2a. Mailing Address

21

Subs. Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Subs. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

01/17/1995

4. FEI Number

65-0196088

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Agent and the Principal Officer

Signature of Registered Agent or Change of Agent and the Principal Officer

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

1. TITLE

NAME

STREET ADDRESS

CITY, STATE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

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

CR2E034 (12/95)