

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L90632

(5)

F & I SPECIALISTS, INC.

DO NOT WRITE IN THESE SPACES

1. Principal Place of Business 2750 NE 52ND ST FT LAUDERDALE FL 33308		2a. Mailing Address 2750 NE 52ND ST FT LAUDERDALE FL 33308		3. Date of Registration 07/30/1990		3a. Date of Last Report 05/20/1994	
2. Principal Place of Business 21. State Apt. # 22. City & State		2a. Mailing Address 26. State Apt. # 27. City & State		4. FFI Number 65-0210327		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. City & State		29. City & State		30. City & State		8. This corporation has liability for intangible tax under the Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent MANSONS, SILVIA 2623 N STATE ROAD 7 LAUDERHILL FL 33313				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 607.04(2) and 607.1506 Florida Statutes, the above named corporation submits the 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 law for 607.0502, Florida Statutes.							
SIGNATURE							

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME PD MANSONS, SILVIA 2750 N.E. 52ND STREET FORT LAUDERDALE FL		1. NAME 1. STREET ADDRESS 1. CITY & STATE	☐ Change ☐ Addition
		2. NAME 2. STREET ADDRESS 2. CITY & STATE	☐ Change ☐ Addition
		3. NAME 3. STREET ADDRESS 3. CITY & STATE	☐ Change ☐ Addition
		4. NAME 4. STREET ADDRESS 4. CITY & STATE	☐ Change ☐ Addition
		5. NAME 5. STREET ADDRESS 5. CITY & STATE	☐ Change ☐ Addition
		6. NAME 6. STREET ADDRESS 6. CITY & STATE	☐ Change ☐ Addition
		7. NAME 7. STREET ADDRESS 7. CITY & STATE	☐ Change ☐ Addition
		8. NAME 8. STREET ADDRESS 8. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is correct, true and does not qualify for the exemption stated in law for 119.11(2)(b), Florida Statutes. I further certify that the information indicated on this annual report of the corporation is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available to be subpoenaed for the production of this document or to appear in person to explain the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 14 of Block 13 of this filing as an attachment to this annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 305-777-9980

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SECRETARY OF STATE
OFFICE OF THE SECRETARY
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. HARRIS
GOVERNOR

FILED
MAY 1 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **L91560**

(7)

DUST & VAC, INC.

2927 SE ORCHID ST
STUART FL 34997

2927 SE ORCHID ST
STUART FL 34997

DATE OF LAST REPORT

3. Date of Report (08/02/1990) 3a. Date of Last Report 04/22/1994

21. Principal Office Address 5113 SE BOLLARD AV	26. Mailing Address SAME	4. FIC Number 65-0210096	Applied For ☐ Not Applicable ☐
22. State of Principal Office FL	27. State of Mailing Address FL	5. Certificate of Status (Domestic) ☐	\$8.75 Additional Fee Required
23. City of Principal Office STUART	28. City of Mailing Address STUART	6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
24. Zip of Principal Office 34997	29. Zip of Mailing Address MARTIN	8. This corporation has liability for intangible tax under S 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

AYOTTE, DAVID F.
2927 SE ORCHID ST.
STUART FL 34997

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.03(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 Sections 607.03(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME DPS AYOTTE, DAVID F. 1130 SE ASTORWOOD PL STUART FL		NAME DPS AYOTTE, DAVID F. 5113 SE BOLLARD AV STUART, FL 34997	☒ Change ☐ Addition
NAME DVT AYOTTE, ANNE 1130 SE ASTORWOOD PL STUART FL		NAME DVT AYOTTE, ANNE 5113 SE BOLLARD AV STUART, FL 34997	☒ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(b), Florida Statutes. I further certify that the information included in 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 a duly authorized officer or director of the corporation or individual empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this filing. I do not have any agreement with an address.

SIGNATURE:

David F. Ayotte DAVID F. AYOTTE

5-5-95

407-2200257