FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99551 (8)

1. Corporation Name
HOLSEYBROOK CUSTOM WOOD REFINISHING, INC.

Principal Place of Business	Mailing Address
4243 N. WESTSHORE BLVD. TAMPA FL 33610 US	2156 SHADOWLAWN AVE TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1990	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3032369	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5156 SHADOWLAWN Ave.	26 5156 SHADOWLAWN Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa. FL.	City & State 28 Tampa. FL. 2
Zip 24 33610 Country 25 US	Zip 29 33610 Country 30 US

9. Name and Address of Current Registered Agent

HOLSEYBROOK, EUGENE A.
4243 N. WESTSHORE BLVD.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5156 SHADOWLAWN Ave
83
84 City TAMPA FL 85 Zip Code 33610

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 Eugene A Holseybrook 4/24/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOLSEYBROOK, EUGENE A.
STREET ADDRESS	5156 SHADOWLAWN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VSTD
NAME	HOLSEYBROOK, PATRICIA E.
STREET ADDRESS	5156 SHADOWLAWN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	ALDAHONDO, CHRISTOPHER K
STREET ADDRESS	5156 SHADOWLAWN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	ALDAHONDO, VIDAL
STREET ADDRESS	5156 SHADOWLAWN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	☐ Change ☑ Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	33610	
21 TITLE	☐ Change ☑ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	33610	
31 TITLE	☐ Change ☑ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	33610	
41 TITLE	☐ Change ☑ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	33610	
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 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)(i), 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: Eugene A Holseybrook 4/24/95 (813) 620-3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EUGENE A. HOLSEYBROOK

0442060 FP