

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001521159
-06/22/95--01095--012
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M75715** (6)

1. Corporation Name

LOUI FRANK RENOVATION COMPANY
NEW NAME

IT'S YOU.

Principal Place of Business

Mailing Address

291 FRONT 55
UNIT 11
KEY WEST FL 33040
US

291 FRONT 55
UNIT 11
KEY WEST FL 33040
US

3. Date Incorporated or Qualified
04/07/1988

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0052388

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICHOT, PATRICK
291 FRONT ST. 11
KEY WEST FL 33040

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 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 person in printed name of registered agent and title of applicant)

(Signature of Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **PICHOT, PATRICK**
STREET ADDRESS **291 FRONT ST. UNIT 11**
CITY ST ZIP **KEY WEST FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE **D**
NAME **PICHOT, PATRICK**
STREET ADDRESS **927 SEMINART ST.**
CITY ST ZIP **KEY WEST FL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.076(1)(b), 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. And I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1002, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 17 95

305 294 6194