

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 APR 24 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79536 (2)

1. Corporation Name

CONTRACT FINISHING SERVICES, INC.

Principal Place of Business

Mailing Address

**4225 N. HUBERT AVE.
UNIT 74
TAMPA FL 33614-7728
US**

**P.O. BOX 151632
P.O. BOX 151632
TAMPA FL 33604-1632
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1988

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2891057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

10. Name and Address of New Registered Agent

**STAIRS, TERRELL T.
11310 CASTLEBERRY RD.
ODESSA FL 33558**

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

TERRELL T. STAIRS, Pres.

04/18/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STAIRS, TERRELL T.
STREET ADDRESS	11310 CASTLEBERRY RD.
CITY-ST-ZIP	ODESSA FL
TITLE	SD
NAME	STAIRS, LINDA M.
STREET ADDRESS	11310 CASTLEBERRY RD.
CITY-ST-ZIP	ODESSA FL
TITLE	D
NAME	STAIRS, HAROLD E., JR.
STREET ADDRESS	1880 SW 56TH AVE.
CITY-ST-ZIP	PLANTATION FL
TITLE	VTD
NAME	LAFONTAINE, ROBERT S., I
STREET ADDRESS	6207 FROST DR.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	LAFONTAINE, LINDA L.
STREET ADDRESS	6207 FROST DR.
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	3132 W. LAMBRIGHT AVE., APT. #603
4.4 CITY-ST-ZIP	TAMPA, FL 33614
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	DELETE
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT S. LAFONTAINE I

ROBERT S. LAFONTAINE I

04/18/95

(813)876-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR