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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **M79536** (2)  
1. Corporation Name  
**CONTRACT FINISHING SERVICES, INC.**



Principal Place of Business  
**4225 N. HUBERT AVE.  
UNIT "H"  
TAMPA FL 33614-7728  
US**

Mailing Address  
**P.O. BOX 151632  
P.O. BOX 151632  
TAMPA FL 33684-1632  
US**

3. Date Incorporated or Qualified  
**05/05/1988**

3a. Date of Last Report  
**04/24/1996**

4. FEI Number  
**59-2891057**

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

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

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STAIRS, TERRELL T.	1.2 NAME	
STREET ADDRESS	11310 CASTLEBERRY RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	STAIRS, LINDA M.	2.2 NAME	
STREET ADDRESS	11310 CASTLEBERRY RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	STAIRS, HAROLD E., JR.	3.2 NAME	
STREET ADDRESS	1880 SW 56TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	
NAME	LAFONTAINE, ROBERT S., I	4.2 NAME	
STREET ADDRESS	3132 W. LAMBRIGHT AVE., APT 603	4.3 STREET ADDRESS	9121 BERKSHIRE LANE
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	TAMPA, FL 33635-1309
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: **Robert S. LaFontaine** ROBERT S. LaFontaine Ist (813) 876-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)