

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:18

DOCUMENT # P93000001191 (4)

1. Corporation Name

PERFECT TEMP OF THE TREASURE COAST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1643 SW BILTMORE ST
PORT ST. LUCIE FL 34984
US

Mailing Address

1643 SW BILTMORE ST
PORT ST. LUCIE FL 34984
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0379376

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

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RODGERS, RICK M ESQ
8000 SOUTH U.S. HIGHWAY 1
SUITE 303
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

KEITH KAMMERAAD

82 Street Address (P.O. Box Number is Not Acceptable)

450 NE PRIMA VISTA BLVD.

83

84 City

PT. ST. LUCIE

FL

85 Zip Code

34983

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

Keith Kammeraad

(Signature typed or printed of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PVTS
KAMMERAAD, KEITH
450 N.E. PRIMA VISTA
PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KAMMERAAD, KEITH
450 N.E. PRIMA VISTA
PORT ST. LUCIE FL 34952

TITLE
NAME
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Keith Kammeraad

(Type name and typed name and title of signing officer on this line)

Date

Expires (Year & #)