

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036000 (6)

1. Corporation Name
PRO CUT, INC.



Principal Place of Business
4942 WILLOW RIDGE TERRACE
VALRICO FL 33594

Mailing Address
P.O. BOX 1274
BRANDON FL 33509

3. Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 03/15/1995
4. FEI Number 59-3182741	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

BLACKBURN, JAMES
4942 WILLOW RIDGE TERRACE
5300 SOUTH FLORIDA AVE.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		13.		14.	
TITLE	DP	1.1 TITLE		1.1 TITLE	
NAME	BLACKBURN, JAMES	1.2 NAME		1.2 NAME	
STREET ADDRESS	4942 WILLOW RIDGE TERR.	1.3 STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP	VAL RICO FL	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE		2.1 TITLE	
NAME		2.2 NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE		3.1 TITLE	
NAME		3.2 NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE		4.1 TITLE	
NAME		4.2 NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE		5.1 TITLE	
NAME		5.2 NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP		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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Blackburn* James R. Blackburn 3-4-96 813-661-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)