SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000042575 (9)

C & B TRIM SHOP, INCORPORATED										
Principal Place o	f Business	Mailing A	ddress	, , , , , , , , , , , , , , , , , , , ,		i indrinds tin saint tiett norus nette at	TIN MENT ALBER EIMEL Attel IMMUS Mart abaz			
2728 EDWARD AVENUE 2728 EDWARD AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405						Date Incorporated or Qualified	3a. Date of Last Report			
						06/10/1993	05/31/1995			
		Too Mode	g Address			4. FEI Number	Applied For			
2. Principal Plac	ce of Business	<u> </u>	ig Auditess			59-3186929	Not Applicable			
Suite, Apt #,	etc	26 Suite, Apit #, etc. 27 City & State				5. Certhicate of Status Desired	\$8.75 Additional Fee Required			
2						6. Election Campaign Financing \$5.00 May E				
City & State		F	i Siale			Trust Fund Contribution	Added to Fees			
3		28 Zip		Country		8. This corporation has fability for	intangible tax under s. 199 032.			
Zip T	Country	· · · · · ·		30		Florida Statutes 2	Yes No			
4	25 9. Name and Address of Currer	29	Saent	130		10. Name and Address of New Re	gistered Agent			
		it Hegisterou .	ago	81	Name					
WO	LAVER, CLARENCE J			L.		Alak Alaysia	File A			
272	8 EDWARD AVENUE			82	Street Ad	ldress (P.O. Box Number is Not Acceptal	ne)			
PAI	NAMA CITY FL 32405			83						
• • • •				53						
				84	City		EI 85 Zip Code			
office or re agent I an	gistered agent, or both, in the State n familiar with, and accept the oblig	jations of, Sect	an 607.0505, F	forida Statules		rporation submits this statement for the pation's board of directors. Thereby accur	FAN			
	Storatize (gradure) in Indicating tendag	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12			
12.	·····		DELFTE				Change L Addit i			
THILE	P CHARGO CHARGNEE I		<u></u>	12 NAME						
NAME	WOLAVER, CLARENCE J				LADORESS					
STREET ADDRESS	2728 EDWARD AVE			1 4 CITY -						
CITY - ST - ZIP	PANAMA CTY FL		T DELETE	DELETE 21 TITLE			Change Addition			
TITLE	VP		L occur	2.2 NAME	ľ					
NAME	WOLAVER, REBECCA				LADORESS					
STREET ADDRESS	2728 EDWARD AVE			4						
CITY-ST ZIP	PANAMA CTY FL		DELETE	2 4 C(TY	SI-7IP	К	Change Addidi			
TITLE	D		LJ DUCT	3 1 III CC		partene w cook				
NAME	RAPER, DARLENE W.				I ADDRESS	2729 Carol Lane				
STREET ADDRESS	2729 CAROL LANE				1	Panama City FL	_			
CHY-ST-ZIP	PANAMA CTY FL		DELETE	3.4 CHY 4.1 BILE			Change Additi			
TITLE	D		rm perese	4 1 DILF	1		_			
NAME	WOLAVER, JR C				1					
STREET ADDRESS	3907 E 11TH ST				ET ADDRESS					
CITY - ST - ZIP	PANAMA CTY FL		NO CTE	44 (11)			Change Addit			
TITLE			atauac	5110.6			<u></u> • £			
NAME				5.2 NAM						
STREET ADDRESS				53518	ET ADDRESS					

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is vountarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on trus annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6171116

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY -S1 - ZIP

THUE

NAME

Lactes Cak
E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELFIE

7-15-96 904-769-5355

Charge L Addition

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F84640
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1. Corporation		F8464 PRINT CEN		(4)				<u> </u>			
Principal Place	of Business		Mailing A	ddress				81831 8111 81811 8181			ļ
2711 N. PINE ORLANDO FL	HILLS ROAD			PINE HILLS ROAD FL 32908	AD						
0.12.100 . 1							3. Date Incorporated or Qu	L	ale of Last	•	
							06/09/1982 4. FEI Number		<u>//10/1995</u>) Applied Fo	
	ace of Business		2a. Mailin 26	g Address			59-2197669		→	Not Applica	
Suite, Apt. i	#. etc			Apt #, etc.			\$8.75 Additional				
22	, 010		27	'			5. Certificate of Status Desired Fee Required				
City & State	9			State	,		6. Election Campaign Financing \$5.00 May Be				
23			28	·			Trust Fund Contribution	L_J		to Fees	
Zıp		Country	Zip	Zip		try			y for intangible tax under s. 199.0		
24	25		[29]		30	·	Florida Statutes 10. Name and Address of I	Yes L	No		
	9. Name and	Address of Cur	rent Registered A	tgent	- 1	Name	IV. Name and Address of	New negistered	Agent	·	
	TWAL, PAUL A									.	
252	10 FAIR STRE	ET				Street Add	dress (P.O. Box Number is Not Acceptable)				
AST	TATUIA FL 347	705			1	33					
					L	,				. 0	
					1	City	ASTATULA	FI	_ 85 Z ₁	p Code	
office or reagent. I a	egistered agent, rn familiar with, a PAUI	or both, in the St and accept the ob	tate of Florida, Suc oligations of, Section	h change was on 607.0505, FJ	authorized I Iorida Statut	oy the corpora es - Muti	poration submits this statement forms board of directors. Thereby	accept the app	ointment as	registered	đ
40	Signature typed or pr		d agent and tile if applica AND DIRECTORS		13.	Agent signature requ	ured when reinstating) ADDITIONS/CHANGES T		ID DIRECTO	DRS IN 12	
12.	PST	Orricena	AND DIRECTORS	DELETE	1 1 THE	E	7,00110107011111020	. <u></u>	Change		dition
NAME	NETWAL, P	AIN A		_	1.2 NAM						
STREET ADORESS	25210 FIAF				13516	EET ADORESS	Fair ST				
CITY-ST-ZIP	ASTATULA				1 4 011	Y-ST-ZIP					
TITLE	SD			DELETE	2 1 TITI	E			Chang	e Adı	ddition
NAME	NETWAL, P	AUL A.			2 2 NA	de l					
STREET ADDRESS	25210 FAIF				23 STF	EET ADDRESS					
CITY-ST-ZIP	ASTATULA	FL			2 4 0 1	Y - ST - ZIP		<u>-</u>	1 7 2		
TITLE				DELETE	3 1 117				Chang	e Ad	ddilion
NAME					3 2 NA						
STREET ADDRESS						REET ADDRESS					
CiTY-ST-ZIP				DOLCTC.		Y - ST - ZIP			Chann	e Ad	deltion
TITLE				DELETE	4 1 111	1			L CHAIN	~ LJ ^u	ast 090
NAME					4 2 NA						
STREET ADDRESS						EET ADDRESS					
CITY - ST - ZIP TITLE	<u> </u>			DELETE	5111	Y-ST-ZIP			Chang	e Ad	ddilion
NAME					5 2 NA						
STREET ADDRESS					•	KEET ADDRESS					
						Y-ST-ZIP					
CITY-ST-ZIP TITLE	 			DELETE	617/1				Chang	e Ad	dd tion
NAME					6.2 NA						
	1				0.2 (0.2	IVIC I					
STREET ADDRESS						REET ADDRESS					
STREET ADDRESS CITY - ST - ZIP					63S1	REET ADDRESS	ualify for the exemption stated in				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated for occurrence 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | Date: | D

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR