

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049202
1. Corporation Name
Notch-It Enterprises, Inc.

Principal Place of Business Mailing Address
1229 Roxmere Rd. Tampa, FL 33629 *1229 Roxmere Rd. Tampa, FL 33629*

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified *7-7-93* 3a. Date of Last Report *6/9/94*
4. FEI Number *59-3198045* 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 *1229 Roxmere Rd.* 26 *1229 Roxmere Rd.*
Suite, Apt #, etc Suite, Apt #, etc
22 27
City & State *Tampa FL* City & State *Tampa FL*
23 28
Zip *33629* Country *USA* Zip *33629* Country *USA*
24 25 29 30

9. Name and Address of Current Registered Agent
*Carol Vance
22 Sandpiper Rd.
Tampa, FL 33609*

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 *FL*

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 _____ DATE _____
Signature (agent or certified officer of registered agent and fee of \$225.00) (211) Registered Agent Signature Required when Re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<i>P/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>Stacy T. Dalton</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>1229 Roxmere Rd</i>
CITY, ST, ZIP		1.4 CITY, ST, ZIP	<i>Tampa FL 33629</i>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>300001482283</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>-05/10/95--01026--013</i>
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<i>****200.00 ****200.00</i>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Stacy J. Dalton* *Stacy T. Dalton* *5/1/95* *(813)289-6166*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Expiration Date