

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. 1229 Roxmere Rd.
Tampa, FL 33629 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 City & State
23 Tampa FL 28 Tampa FL
Zip Country Zip Country
24 33629 25 USA 29 33629 30 USA.

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**
Carol Vance
22 Sandpiper Rd.
Tampa, FL 33609
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** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Stacy T. Dalton
STREET ADDRESS		1.3 STREET ADDRESS	1229 Roxmere Rd
CITY, ST, ZIP		1.4 CITY, ST, ZIP	Tampa FL 33629
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	300001482283
STREET ADDRESS		3.3 STREET ADDRESS	-05/10/95--01026--013
CITY, ST, ZIP		3.4 CITY, ST, ZIP	****200.00 ****200.00
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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Stacy T. Dalton **5/1/95** **(813)289-6166**
Date Office Phone #