

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:40

DOCUMENT # P93000063067 (1)

1. Corporation Name

HABERLE'S COUNTER TOPS, INC.

Principal Place of Business

3112 PALM AVE.
FT. MYERS FL 33901

Mailing Address

3112 PALM AVE
FT. MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0453506

Apply For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 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. 199.037,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HABERLE, DARVIN S
1916 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990

81 Name

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

83

84 City

FL

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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature, Name and Address of Registered Agent (and the P.O. Box Number)

Signature, Name and Address of Registered Agent (and the P.O. Box Number)

Date

1-11-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HABERLE, DARVIN S.
STREET ADDRESS	1916 HANCOCK BLDG. PARKWAY
CITY, ST., ZIP	CAPE CORAL FL
TITLE	V
NAME	HABERLE, EARL S
STREET ADDRESS	12101 MOON SHELL DR
CITY, ST., ZIP	CAPE CORAL FL
TITLE	ST
NAME	HABERLE, SHIRLEY M.
STREET ADDRESS	12101 MOON SHELL DRIVE
CITY, ST., ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 119.07(4)(b), 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 liquidator empowered to receive this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 813-332-4722