

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Susan B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065429 (1)

1. Corporation Name

SMITH'S FURNITURE REFINISHING AND REPAIRS, INC.

Principal Place of Business

4841 SW 75TH AVE
MIAMI FL 33155

Mailing Address

4841 SW 75TH AVE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
05/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

State, Apt. # etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

4. FEI Number

65-0434347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUPUIS, DALE L
4841 SW 75TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.030, 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 607.0305, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

12a

D
DUPUIS, DALE L
6133 SW 47 ST
MIAMI FL 33155

NAME

STREET ADDRESS

CITY, ST, ZIP

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

13b

13c

13d

13e

13f

13g

13h

13i

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.02(4)(b), Florida Statutes. I further certify that the information included 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 executor 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. I am an attorney with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

305-264-9140