

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
1996



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

DOCUMENT # P93000082555 (2)

1. Corporation Name

TONY MCCLURE FRAME & TRIM, INC.



Principal Place of Business

Mailing Address

1209 WILLOWICK CIRCLE
STE-172
SAFETY HARBOR FL 34695
US

1209 WILLOWICK CIRCLE
STE-172
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 1209 WILLOWICK CIRCLE

26 1209 WILLOWICK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 SAFETY HARBOR FL

28 SAFETY HARBOR FL

Zip

Country

Zip

Country

24 34695

25

29 34695

30

4. FEI Number
59-3183407

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, TONY
10400 ROOSEVELT BLVD.
1209 WILLOWICK CIRCLE
SAFETY HARBOR FL 34695

81 Name

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

1209 WILLOWICK CIRCLE

83

84 City

SAFETY HARBOR FL

85 Zip Code

34695

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

T. McClure

(NOTE: Registered Agent signature required when reinstating)

7-1-96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME
MCCLURE, TONY
STREET ADDRESS
1209 WILLOWICK CIRCLE
CITY - ST - ZIP
SAFETY HARBOR FL

11 TITLE

P/S/T/D

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE

V.P.

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME

NORREN MARIE PRIEST-MCCLURE
1209 WILLOWICK CIRCLE
SAFETY HARBOR, FL 34695

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

T. McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY MCCLURE

7/1/96
Date

813-724-6561
Daytime Phone #

CR2E034 (3/96)