

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 APR 26 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047248 (7)

1. Corporation Name

HGO MILLWORK, INC.

Principal Place of Business

**350 5TH AVE. SOUTH
NAPLES FL 33940**

Mailing Address

**350 5TH AVE. SOUTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

08/23/1994

4. FEI Number
65-0500432

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

21 **3270 Cargo Street**

2a. Mailing Address

26 **3270 Cargo Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Fort Myers, Florida**

27 City & State

28 **Fort Myers, Florida**

Zip

24 **33916**

Country

25 **USA**

Zip

29 **33916**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**NICKEL, GUDRUN M
350 5TH AVE. SOUTH
#200
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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

SIGNATURE

Signature, Title or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature requested when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **DIETENBERGER, PETER**
STREET ADDRESS **350 5TH AVE. SOUTH**
CITY, ST, ZIP **NAPLES FL 33940**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **Gregory L. Banaszynski**
1.3 STREET ADDRESS **6741 O'Daniel Loop West**
1.4 CITY, ST, ZIP **Lakeland, Florida 38809**

2.1 TITLE **C/M** ☐ Change ☒ Addition
2.2 NAME **Joyce Rogers**
2.3 STREET ADDRESS **3270 Cargo Street**
2.4 CITY, ST, ZIP **Fort Myers, Florida 33916**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Gregory L. Banaszynski
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Gregory L. Banaszynski

4/20/95

(813) 334-4311

Daytime Phone #