

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

DOCUMENT # P94000065021 (5)

1. Corporation Name

THE CLASSIC TOUCH IMPORTED FENDERTRIM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:34

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1994
3a. Date of Last Report N/A

4. FEI Number 45-0519602
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

Principal Place of Business
1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952

Mailing Address
1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINCIPATO, MARIANNE
1225 TAMiami TRAIL UNIT B-16
PORT CHARLOTTE FL 33952

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) (Typed Name of registered agent and title of agent) (Typed Name of registered agent and title of agent)

(Signature) (Typed Name of registered agent and title of agent) (Typed Name of registered agent and title of agent)

(Typed Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME PRINCIPATO, MARIANNE
13 STREET ADDRESS 1225 TAMiami TRAIL UNIT B-16
14 CITY, ST, ZIP PORT CHARLOTTE FL 33952

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(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 this corporation or the registered agent 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, or on an attachment with an addition.

SIGNATURE:

Marianne Principato
SIGNATURE AND TYPED ON PRINTED NAME OF GOING OFFICER OR DIRECTOR

1/10/95 (813) 255-9645
Date Signature