

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000065603 (0)

1. Corporation Name

SUPERIOR PRODUCTS OF CHARLOTTE COUNTY, INC.



Principal Place of Business

3695 TAMAMI TRAIL  
SUITE D  
PORT CHARLOTTE FL 33952

Mailing Address

3695 TAMAMI TRAIL  
SUITE D  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2a. Mailing Address

21 4300 Kings Hwy

26 4300 Kings Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste: 210

27 B23

City & State

City & State

23 Port Charlotte, FL

28 Punta Gorda, FL

Zip

Zip

24 33980

25 Charlotte

29 33980

30 Charlotte

9. Name and Address of Current Registered Agent

BOYNTON, RICHARD S  
3695 TAMAMI TRAIL  
SUITE D  
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

04/28/1995

4. FET Number

65-0522515

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

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 607.1503, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and city and state of office

(If Not Registered Agent, Signature of Corporation Secretary or Treasurer)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOYNTON, RICHARD S  
STREET ADDRESS 3695 TAMAMI TRAIL, SUITE D  
CITY-STATE-ZIP PORT CHARLOTTE FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

4300 Kings Hwy B23  
Punta Gorda, FL 33980

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-96 (941)625-0856

CR2E034 (12/95)