

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000068879 (3)**

1. Corporation Name

GIANT PANELS, INC.

Principal Place of Business

7535 SW 62ND AVE
SOUTH MIAMI FL 33143

Mailing Address

7535 SW 62ND AVE
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 3691 U. S. 1

2a. Mailing Address

26 3691 U. S. 1

4. FEI Number

65-0520973

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Edgewater, FL 32141

Suite, Apt. #, etc.

27 Edgewater, FL 32141

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

AUSTIN, BILLY S
7535 SW 62ND AVE
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name Billy S. Austin

82 Street Address (P.O. Box Number is Not Acceptable)
3691 U. S. 1

83

84 City Edgewater, FL 32141

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

Billy S. Austin
Signature, typed or printed name of registered agent and the filer

Billy, S. Austin

6-10-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

AUSTIN, BILLY S

STREET ADDRESS

7535 SW 62ND AVE

CITY - ST - ZIP

SOUTH MIAMI FL 33143

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Treasurer

☐ Change

☒ Addition

2.2 NAME

Paul Hoffman

2.3 STREET ADDRESS

3691 U. S. 1

2.4 CITY - ST - ZIP

Edgewater, FL 32141

3.1 TITLE

Secretary

☐ Change

☒ Addition

3.2 NAME

David Harper

3.3 STREET ADDRESS

7500 83 Court

3.4 CITY - ST - ZIP

Miami, FL 33143

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(3)(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 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:

Billy S. Austin

Billy S. Austin

6-10-95

941-421-0837
305-465-3526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Type or Print Name)