

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000091865 (3)

1. Corporation Name

TRANSFORMATIONS, INC.

95 JUN 14 AM 10:13

Principal Place of Business

**124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

Mailing Address

**124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

59-3284927

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**

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

23

City & State

28

City & State

24

Zip

County

29

Zip

30

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMEY, DOUGLAS R
124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

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 or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
RAMEY, DOUGLAS R
124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
VAUGHAN, JAMES W.
124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☒ Change ☐ Addition

James W. Vaughan

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
GATZ, THOMAS L.
124 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☒ Change ☐ Addition

Thomas L. Gatz

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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 person or persons 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 attached sheet with an address.

SIGNATURE:

Thomas L. Gatz
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

B. JONES 372-6497
DATE (Typed Name)