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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000018260 (6)

1. Corporation Name

MICROFINISHES, INC.

Principal Place of Business

8787 SOUTHSIDE BLVD
SUITE 4910
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 16821
JACKSONVILLE FL 32245-6821

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report
03/07/1996

4. FEI Number

59-3304582

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

21 123 BASS ROAD

Suite, Apt. #, etc.

22 SUITE 1

City & State

23 HAWTHORNE FL

Zip

24 32640

Country

2a. Mailing Address

26 PO Box 16821

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32245

Country

30

9. Name and Address of Current Registered Agent

BANCHAND-GREENE, MARIANNE
8787 SOUTHSIDE BLVD
SUITE 4910
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

BACHAND-GREENE, MARIANNE

82 Street Address (P.O. Box Number is Not Acceptable)

123 BASS ROAD

83

84 City

HAWTHORNE

FL

85 Zip Code

32640

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GREENE, DAVID
STREET ADDRESS P.O. BOX 17231 - BASS RD
CITY-ST-ZIP MELROSE FL 32666

TITLE D ☐ DELETE

NAME BANCHAND-GREENE, MARIANNE
STREET ADDRESS P.O. BOX 17231 - BASS RD
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

352-475-6238

Daytime Phone #

0044224

CR2E034 (9/96)