

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 AUG 29 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040117 (0)

1. Corporation Name

COMMERCIAL FINISHING, INC.

Principal Place of Business

6166 TAYLOR ROAD, #104  
NAPLES FL 33942

Mailing Address

6166 TAYLOR ROAD, #104  
NAPLES FL 33942



2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

34109

Country

24

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

34109

Country

29

30

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM M  
494 CYPRESS WAY EAST  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

6166 Taylor Road # 104

83

84

City

Naples

FL

85 Zip Code

34109

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

William W. Williams

William W. Williams, President

8-6-96

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when filing change.)

(LAST)

12. OFFICERS AND DIRECTORS

TITLE

Director

☐ DELETE

NAME

William W. Williams

STREET ADDRESS

6166 Taylor Road #104

CITY - ST - ZIP

Naples, FL 34109

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William W. Williams, President  
William W. Williams

8-6-96

941-592-1101

Date

Daytime Phone

CR2E034 (3/96)