

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000056774 (9)**

1. Corporation Name

A CUT ABOVE CONSTRUCTION, INC.



Principal Place of Business

**1073 WEAVER DR
OVIEDO FL 32765**

Mailing Address

**1073 WEAVER DR
OVIEDO FL 32765**

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3335919

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHAFFEY, JOHN D JR
3438 LAWTON RD
SUITE 200
ORLANDO FL 32803**

81 Name

JILL Y. MADSEN

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

1073 WEAVER DRIVE

83

84 City

OVIEDO

FL

85 Zip Code
32765

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

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

JILL Y. MADSEN

(NOTE: Registered Agent signature required when reappointing)

3/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MADSEN, CARSTEN**
CITY-ST-ZIP **1073 WEAVER DR
OVIEDO FL 32765**

1.1 TITLE **D, VP** ☒ Change ☐ Addition
1.2 NAME **MADSEN, CARSTEN**
1.3 STREET ADDRESS **1073 WEAVER DRIVE**
1.4 CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MADSEN, JILL**
CITY-ST-ZIP **1073 WEAVER DR
OVIEDO FL 32765**

2.1 TITLE **D,P,S** ☒ Change ☐ Addition
2.2 NAME **MADSEN, JILL Y.**
2.3 STREET ADDRESS **1073 WEAVER DRIVE**
2.4 CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 119.07(3)(f), 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:

Jill Y. Madsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JILL Y. MADSEN

03/14/96

(407) 3662376

Date

Daytime Phone #

CR2E034 (12/95)