

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086305 (6)

1. Corporation Name

T-N-A CUSTOM AUTO TRIM, INC.



Principal Place of Business

525 NORTH NEWMAN STREET
JACKSONVILLE FL 32202

Mailing Address

525 NORTH NEWMAN STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 55 W. 8TH ST

26 55 W. 8TH ST

4. FEI Number

59-3344007

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

ATLANTIC BEACH, FL

ATLANTIC BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32233

USA

32233

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

NORMAN P. FREEMAN

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

525 N NEWMAN ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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

Norman P. Freeman

NORMAN P. FREEMAN

5/2/96

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

Date of Registered Agent's signature required when making change.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
ABEL, FRANK
525 NORTH NEWMAN STREET
JACKSONVILLE FL 32202

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2759 FRESNO DRIVE
32250

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
TERRY, BYRON
525 NORTH NEWMAN STREET
JACKSONVILLE FL 32202

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
1119 HARMONY PR. N
32259

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
400001822354
-05/15/96--01049--028
***200.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Abel PRES

Date

Daytime Phone

4/14/96 (904) 247 1247

CR2E034 (12/95)