## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062608 (0) 1. Corporation Name

FLORIDA FINISHER'S INC.

Principal Place of Business Mailing Address 509 9TH ST W 509 9TH ST W PALMETTO FL 34221 PALMETTO FL 34221 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0679502 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEWART, GREGORY 509 9TH ST W Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 83 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, lyped or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE STEWART, GREGORY NAME 1.2 NAME **3229 35TH AVE W** STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34205** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition 6.2 NAME MAME STREET ADDRESS 6.3 STREET ADDRESS

14. I be reby 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 on an attachment with an addition.

SIGNATURE.

CITY-ST-ZIP

Commence A H. D

4-30-98

;R2E034 (10/97)

FILED

May 07 1998 8:00am

Secretary of State