## **PROFIT** CORPORATION ANNUAL REPORT 1999



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P98000005023

TRIM CONCEPTS, INC.

# FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90005 019 \*\*\*150.00



Mailing Address Principal Place of Business 14140 BOGGY CREEK ROAD 14140 BOGGY CREEK ROAD ORLANDO FL 32824 ORLANDO FL 32824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/15/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5:00 May Be City & State 6-Election Campaign Financing - City & State -Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WICKER, JAMES STEPHEN Street Address (P.O. Box Number is Not Acceptable) 14140 BOGGY CREEK ROAD ORLANDO FL 32824 Zip Code 84 85 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, typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition DELETE 1.1 TITLE TITLE CR2E034 WICKER, JAMES STEPHEN 1.2 NAME NAME 1.3 STREET ADDRESS 14140 BOGGY CREEK ROAD STREET ADDRESS ORLANDO FL 32824 1.4 CMY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME BOLLEN, JAMES (JAMIE) 2.3 STREET ADDRESS 942 WISLER COURT STREET ADDRESS 2.4 CITY-ST-ZIP ST. CLOUD FL 34769 CITY-ST-ZP ☐ Addition ☐ Change DELFTE 317mE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZXP Addition Change DELETE 41 TIDE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TIRE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE DELETE TILE 6.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliemental 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 chapter for the produced with an order see amounted. officer or director of the co Block 12 or Block 13 if cha ss, with all other like empowered.

6.3 STREET ADORESS

STREET ADDRESS

TEVE WICKER

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