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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(6)

BAHAMA UPHOLSTERING, INC.

Principal Place of Business Mailing Address 1939 DANA DRIVE 1939 DANA DRIVE FT MYERS FL 33907 FT MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/07/1991</u> 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0235314 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARVEY, TIMOTHY J 1939 DANA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33907 83 84 City 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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD 1.1 TITLE Change ☐ Addition NAME HARVEY, TIMOTHY 1.2 NAME 1403 S.W.11TH AVE. STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY - ST - ZIP **A** DELETE Change Addition TITLE 21 TITLE FRIES, PAUL 2.2 NAME STREET ADDRESS **28**15 S.W. 37TH TERR 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change HARVEY, TAMARA 3.2 NAME 1403 S.W. 11TH AVE STREET ADDRESS 3.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME FRIES, BARBARA 4. 2 NAME 2815 S.W. 37TH TERR 4.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 4.4 CITY-ST-29P DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 address.