# 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 # **S40126** **(2)**

1. Corporation Name

**MICHAEL CHUBBOY IMPORTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 695 WARDELL ST<br>SUITE 3<br>MT. DORA FL 32757<br>US | P O BOX 441<br>MT DORA FL 32757<br>US |

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / County (25) | Zip (29) / County (30) |

3. Date Incorporated or Qualified: **03/22/1991**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-3063400** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

**CHUBBOY, MICHAEL**
**28920 BEAUCLAIR DR.**
**TAVARES FL 32778**

10. Name and Address of New Registered Agent

(81) Name

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

(83)

(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 607.1505 and 617.1505, 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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHUBBOY, MICHAEL<br>28920 BEAUCLAIR DR.<br>TAVARES FL | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE<br>1 NAME<br>1 STREET ADDRESS<br>1 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 2 TITLE<br>2 NAME<br>2 STREET ADDRESS<br>2 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3 TITLE<br>3 NAME<br>3 STREET ADDRESS<br>3 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4 TITLE<br>4 NAME<br>4 STREET ADDRESS<br>4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5 TITLE<br>5 NAME<br>5 STREET ADDRESS<br>5 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6 TITLE<br>6 NAME<br>6 STREET ADDRESS<br>6 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate, that the 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 attached amendment, with an address.

SIGNATURE: Michael Chubboy Michael Chubboy 4-8-96 352-383-6286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #