

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:26

DOCUMENT # S57661 (8)

1. Corporation Name

AUTO TRIM DESIGN OF MID-WEST FLORIDA, INC.

Principal Place of Business

9812 US HWY 19 N
PORT RICHEY FL 34668

Mailing Address

9812 US HWY 19 N
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3072426

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 § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DODDS, JAMES
9812 US HWY 19 NORTH
PORT RICHEY FL 34668

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 607.0502 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 agent and date of registration

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DODDS, JAMES
STREET ADDRESS	9030 CRABTREE LN
CITY - ST - ZIP	PORT RICHEY FL
<i>Delete</i>	
TITLE	V
NAME	DODDS, MICHAEL D.
STREET ADDRESS	8014 BEAVER CREEK LOOP
CITY - ST - ZIP	BAYONET POINT FL
TITLE	V
NAME	DODDS, JON R.
STREET ADDRESS	572 CLOUGHESBOR ST
CITY - ST - ZIP	SAFETY HARBOR FL
<i>Change of address →</i>	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Barbara J. Dodds	
1.3 STREET ADDRESS	9030 Crabtree Ln.	
1.4 CITY - ST - ZIP	Port Richey FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Dodds, Jon R.	☒ Change ☐ Addition
3.2 NAME	647-C Yorkshire Ct.	
3.3 STREET ADDRESS	Safety Harbor FL	
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 110.07(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

DATE

KEYWORD FILE NO.