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

APPROVED AND FILED

95 MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S81489** **(4)**

1. Corporate Name

AMERICAN DIMENSIONS, INC.

Principal Place of Business

4186 KINGS HWY
CHARLOTTE HARBOR FL 33980

Mailing Address

4186 KINGS HWY
CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1991**	3a. Date of Last Report: **06/01/1994**
2. Principal Place of Business — 21	2a. Mailing Address — 26
State, Apt. # or — 22	State, Apt. # or — 27
City, State — 23	City, State — 28
24 / 25	29 / 30
4. FEI Number: **59-3091999**	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

CATALANO, RICHARD T.
HARBOURSIDE SUITE 560
18167 US 19 N
CLEARWATER FL 34624

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 607.1005 and 607.1008, 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) (Registered agent signature required if filing alone) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	V	TITLE	P/V ☒ Change ☐ Addition
NAME	BEES, SUE	NAME	BEES, SUE E.
STREET ADDRESS	4435 TOLLEFSON AVE	STREET ADDRESS	4467 TOLLEFSON AVE.
CITY, ST, ZIP	NORTH PORT FL	CITY, ST, ZIP	NORTH PORT FL 34287
TITLE	P	TITLE	☒ Change ☐ Addition
NAME	SLOUF, JAMES W	NAME	
STREET ADDRESS	186 TROPICANA DR	STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL	CITY, ST, ZIP	
TITLE	V	TITLE	S/T/V ☒ Change ☐ Addition
NAME	BEES, MARTIN	NAME	BEES, MARTIN L.
STREET ADDRESS	4435 TOLLFSON AVE	STREET ADDRESS	4467 TOLLEFSON AVE.
CITY, ST, ZIP	NORTH PORT FL	CITY, ST, ZIP	NORTH PORT FL. 34287
TITLE	TS	TITLE	☒ Change ☐ Addition
NAME	SLOUF, ELIZABETH J.	NAME	
STREET ADDRESS	186 TROPICANA DR	STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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 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 above, or on an attachment with an address.

SIGNATURE: Sue E. Bees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue E. Bees (Date) 813-629-8771 (Daytime Phone #)

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