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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89401

(1)

1. Corporation Name

JAMES HINTZE FINISHED CARPENTRY, INC.

Principal Place of Business

1004 JAMAICA WAY
TARPON SPRINGS FL 34689
US

Mailing Address

1004 JAMAICA WAY
TARPON SPRINGS FL 34689
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3091847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HINTZE, JAMES
1004 JAMAICA WAY
TARPON SPRINGS FL 34689

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
HINTZE, JAMES
1004 JAMAICA WAY
TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 199.03(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 incorporator or organizer of the corporation; 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 incorporator or organizer of the corporation; 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 incorporator or organizer of the corporation; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

1/15/95

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