

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # V04497

(6)

95 MAR -7 AM 11:48

1. Corporation Name

PRO-TRIM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3013 CLARK RD
STE 12
SARASOTA FL 34231
US

PO BOX 3319
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1992

3a. Date of Last Report

03/09/1994

4. FEI Number

65-0307390

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

2. Principal Place of Business

2a. Mailing Address

21 3013 Clark Road

26 Suite, Apt. #, etc.

22 Ste 12

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Sarasota, FL

29 City & State

25 Zip

26 Country

27 Zip

30 Country

28 34231

29 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA FL 34236

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BULLA, JAMES E.
STREET ADDRESS 1607 GARDEN LAKE DRIVE
CITY- ST- ZIP RIVERDALE GA 30298

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Bulla, James E
1.3 STREET ADDRESS 3013 Clark Rd #12
1.4 CITY- ST- ZIP Sarasota FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
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: James E. Bulla JAMES E. BULLA

3-2-95

(813)-927-1923

SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

Name

Telephone Number