## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25475 TRIM WORKS, INC.

Principal Place of Business

9177 ANGORA ST SPRING HILL FL 34808 Mailing Address

9177 ANGORA ST

SPRING HILL FL 34608-4702

**FILED** May 06 1997 8:00am Secretary of State

-	Pale Incorporated or Qualified Page 1 act Report	

								03/30/1992				08/08/1996			
2. Principal Place of Business			2a. Mailing Address					4.	FEI Number		L	Ap	plied For		
21				26					59-3115852				t Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5	Certificate of Status I	Decired		\$8.75	Additional		
22			27							20311CU	<u></u>	Fee Re	quired		
City & State	City 8	City & State					Election Campaign F	inancing -		\$5.00	May Be				
23		28					ļ	Trust Fund Contribut	ion		Added t	o Fees			
<sup>Zip</sup>		intry	Zip		Count	lry		8.	This corporation has				199.032,		
24	9, Name and Address of Current Registered Agent								Florida Statutes		Yes				
		dress of Current	Registered A	gent		II N		10.	Name and Address	of New Reg	istered Ag	jent			
	BECK, RICHARD					NI NI	ame								
9177 ANGORA ST				6	82 Street Add			O. Box Number is No	ot Acceptable	o)					
SPRI	ING HILL FL 34601	8													
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					F	14 Ci	1v					85 Zip (	Code		
					[						FL				
11. Pursuarit	to the provisions of S	ections 607.0502	2 and 607.1508	Florida Statut	tes, the abo	ove-na	med corp	oration	n submits this stateme oard of directors. I he	ent for the pu	rpose of c	hanging it	s registered		
agent. La	m familiar with, and a	accept the obliga	tions of, Section	1 607 0505, Fi	orida Statut	los.	COLPOIAN	OITS D	oard or directors. The	лепу ассері	ше аррог	itinetti as	registered		
\$IGNATURE															
	Signature, typed or printed i			6 <b>(N</b> OI	E Registered /	Ngent sig	nature require				DATE				
12.	T-(34)	OFFICERS AND	DIRECTORS	<b></b>	18.			A	DDITIONS/CHANGE	S TO OFFICE					
TITLE	PVS	.00		☐ DELÉTE	1.3 111(.)	F					L	] Change	Addition		
NAME	HEIBECK, RICHA				1.2 NAM	lE.									
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CITY-ST-ZIP	SPRING HILL FL					-\$1 · ZIF									
TITLE	TD			☐ DELETE	21 ] [L	E					L	Change	Addition		
NAME	HEIBECK, RICHA				22 NAM	IE									
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CITY-ST-ZIP	SPRING HILL FL				2.4 CIT		>								
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NAME					3.2 NAM	IE .									
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NAME					5.2 NAM	ł£									
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NAME	* *				6.2 NAM	lΕ									
STREET ADDRESS					6.3 STRE	et addi	RESS								
CITY-ST-ZIP					6.4 CITY	- ST - ZIP	<u> </u>								
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I concerby certify that the information supplied with this filing 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 eath; that I am an officer or director of the Carporation of 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 of an attachment with an address.