

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V32062

(4)

1. Corporation Name

FLORIDA NAIL & STAPLE, INC.



Principal Place of Business

1212 ENTERPRISE DR.
BLG. 6-1
PT. CHARLOTTE FL 33953

Mailing Address

1212 ENTERPRISE DR.
BLG. 6-1
PT. CHARLOTTE FL 33953

3. Date Incorporated or Qualified
04/28/1992

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 SOUTH TAMAMI TRAIL
VENICE FL 34285

4. FEI Number
65-0330172

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

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 607.1506, 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 of Agent or person authorized to change agent or office

Signature of Registered Agent (signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PERKINS, ROBERT M
STREET ADDRESS 349 WOODVALE DRIVE
CITY-ST-ZIP VENICE FL 34293

TITLE V
NAME MCCARTHY, CHRISTOPHER
STREET ADDRESS 209 LECTURN ST.
CITY-ST-ZIP PT. CHARLOTTE FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(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

5/21/96

941.255-1799

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