

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Northing
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V34348** (5)

1. Corporation Number

MIKE GOTCHER'S CABINET & TRIM, INC.

Principal Place of Business

2818 COMMONWEALTH AVE.
VALRICO FL 33594

Mailing Address

5121 EHRUCH RD
BLDG 107, STE B
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3124167

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHRUCH RD.
BLDG. 107 - SUITE B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable)
13910 N DALE MARY HWY
83
SUITE ONE
84 City
TAMPA
85 Zip Code
FL 33618

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

Walter Sanders

(Signature of Registered Agent required when reappointing)

3/25/95

12. OFFICERS AND DIRECTORS

1. TITLE
D
2. NAME
GOTCHER, MIKE
3. STREET ADDRESS
2818 COMMONWEALTH AVE.
4. CITY, ST, ZIP
VALRICO FL

5. TITLE
D
6. NAME
GOTCHER, SUZANNE
7. STREET ADDRESS
2818 COMMONWEALTH AVE.
8. CITY, ST, ZIP
VALRICO FL

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

2. 1.2 NAME ☐ Change ☐ Addition

3. 1.3 STREET ADDRESS ☐ Change ☐ Addition

4. 1.4 CITY, ST, ZIP ☐ Change ☐ Addition

5. 2.1 TITLE ☐ Change ☐ Addition

6. 2.2 NAME ☐ Change ☐ Addition

7. 2.3 STREET ADDRESS ☐ Change ☐ Addition

8. 2.4 CITY, ST, ZIP ☐ Change ☐ Addition

9. 3.1 TITLE ☐ Change ☐ Addition

10. 3.2 NAME ☐ Change ☐ Addition

11. 3.3 STREET ADDRESS ☐ Change ☐ Addition

12. 3.4 CITY, ST, ZIP ☐ Change ☐ Addition

13. 4.1 TITLE ☐ Change ☐ Addition

14. 4.2 NAME ☐ Change ☐ Addition

15. 4.3 STREET ADDRESS ☐ Change ☐ Addition

16. 4.4 CITY, ST, ZIP ☐ Change ☐ Addition

17. 5.1 TITLE ☐ Change ☐ Addition

18. 5.2 NAME ☐ Change ☐ Addition

19. 5.3 STREET ADDRESS ☐ Change ☐ Addition

20. 5.4 CITY, ST, ZIP ☐ Change ☐ Addition

21. 6.1 TITLE ☐ Change ☐ Addition

22. 6.2 NAME ☐ Change ☐ Addition

23. 6.3 STREET ADDRESS ☐ Change ☐ Addition

24. 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 119.07(2)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if I am not an officer or director of the corporation.

SIGNATURE:

Mike Gotcher

Mike Gotcher 03-01-95 813-681-2499