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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 218174 (1)

1. Corporation Name
ASTOR PRODUCTS, INC.

Principal Place of Business: **9080 EDGEWOOD COURT JACKSONVILLE FL 32254 US**

Mailing Address: **9080 EDGEWOOD COURT JACKSONVILLE FL 32254 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/13/1958**

3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business: **5244 Edgewood Ct.**

2a. Mailing Address: **5244 Edgewood Ct.**

22. City & State: **Jacksonville FL**

24. Zip: **32254**

4. FEI Number: **59-0858632**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**PETERSON, RONALD D
5050 EDGEWOOD CT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent:

81. Name: **E. Ellis Zahra, Jr.**

82. Street Address (P.O. Box Number is Not Acceptable):

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]* DATE: **5/04/17/95**

12. OFFICERS AND DIRECTORS	
TITLE: PD	KUFELDT, JAMES
NAME:	5050 EDGEWOOD COURT
STREET ADDRESS:	JACKSONVILLE, FL 00000
CITY - ST - ZIP:	
TITLE: TD	BRAGIN, D H
NAME:	5050 EDGEWOOD COURT
STREET ADDRESS:	JACKSONVILLE, FL 00000
CITY - ST - ZIP:	
TITLE: VD	RIPLEY, W. E., JR.
NAME:	5050 EDGEWOOD COURT
STREET ADDRESS:	JACKSONVILLE, FL 00000
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	
1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY - ST - ZIP:	32254
2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	32254
3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	R. P. McCook
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	32254
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **D. H. Bragin** 4/13/95 904/783-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR