

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 363773 (3)

1. Corporation Name

COLOROC MATERIALS INCORPORATED



Principal Place of Business

5603 ANDERSON RD
TAMPA FL 33614

Mailing Address

5603 ANDERSON RD
TAMPA FL 33614

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 25

29 30

9 Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/06/1970

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1300782

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

Tom Dandar

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

1009 North O'Brien Street

83

84 City

Tampa,

FL

85 Zip Code

33609-3858

11 Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Tom Dandar

04/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BIRD, BARBARA
STREET ADDRESS 18304 WAYNE RD
CITY-ST-ZIP ODESSA FL

TITLE S ☐ DELETE
NAME HUGHES, ROSE PAXON
STREET ADDRESS 11205 FIRESIDE DR.
CITY-ST-ZIP TAMPA FL

TITLE V ☒ DELETE
NAME ~~BOZARTH, JENNIFER~~
STREET ADDRESS 16130 SAGEBRUSH RD.
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE
NAME BIRD, JAMES R
STREET ADDRESS 18304 WAYNE RD
CITY-ST-ZIP ODESSA, FL 0

TITLE D ☐ DELETE
NAME MARTIN, WILLIAM
STREET ADDRESS 517 SUWANNE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
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:

James R. Bird PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

813.

886-7761

DATE

Daytime Phone #

CR2E034 (12/95)