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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 516933 (9)
1. Corporation Name
FORMS PRODUCTS MANUFACTURING, INC.



Principal Place of Business
10990 70TH AVE NORTH
P O BOX 3473
SEMINOLE FL 34645-0473
US

Mailing Address
10990 70TH AVE NORTH
P O BOX 3473
SEMINOLE FL 33775-3473
US

3. Date Incorporated or Qualified 10/21/1976
3a. Date of Last Report 04/12/1996

2. Principal Place of Business
21 10990 70th Ave N
Suite, Apt. #, etc.
22
City & State
23 SEMINOLE, FL.
Zip
24 33772-0473 25 Country
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 33775-0473 30 Country

4. FEI Number 59-1715400
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

9. Name and Address of Current Registered Agent

ARRIGHI, EDWARD J.
7077 HARBOR VIEWLANE
STE J
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL Zip Code 33776

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGHI, EDWARD J. JR.	1.2 NAME	
STREET ADDRESS	10990 70TH AVENUE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGHI, CAROL	2.2 NAME	
STREET ADDRESS	7077 HARBOR VIEW LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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

EDWARD J. ARRIGHI, JR.

613-207-2000

CR2E034 (9/96)