

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92000000814 (5)**

1. Corporation Name
AFD INDUSTRIES, INC.



Principal Place of Business
**5399 LAUBY ROAD
NORTH CANTON OH 44720**

Mailing Address
**5399 LAUBY ROAD
NORTH CANTON OH 44720**

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
04/26/1995

4. FEI Number
22-2589702

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
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**BARILE, DAVE
2000 N. 62ND ST.
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name
JOE MICHAELS - GLOBAL WAREHOUSING

82 Street Address (P.O. Box Number is Not Acceptable)
1103G N. 22ND STREET

83
TAMPA INTERNATIONAL CENTER

84 City
TAMPA

85 Zip Code
FL 33605

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]* **JOE MICHAELS**

3-7-96
DATE

(NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DCP GILL, ROBERT J**

STREET ADDRESS **5399 LAUBY ROAD**

CITY-ST-ZIP **NORTH CANTON OH 44720**

TITLE DELETE

NAME **VPS GILL, JACQUELINE**

STREET ADDRESS **5399 LAUBY ROAD**

CITY-ST-ZIP **NORTH CANTON OH 44720**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. GILL PRESIDENT 3/5/96

216/494-2800
Date Daytime Phone #

CR2E034 (12/95)