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 # **S04815** **(4)**

1. Corporation Name

FLORIDA BELTING COMPANY

Principal Place of Business
11398 SPACE BLVD.
ORLANDO FL 32821
US

Mailing Address
11398 SPACE BLVD.
ORLANDO FL 32821
US

3. Date Incorporated or Qualified: 10/09/1990
3a. Date of Last Report: 02/07/1995
4. FEI Number: 58-0145290 ☐ 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 Country 25

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

9. **Name and Address of Current Registered Agent**

LEE, LINDA
11398 SPACE BLVD.
ORLANDO FL 32821

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	KEY, ERNEST D., JR.		1.2 NAME
STREET ADDRESS	560 EDGEWOOD AVENUE, N.E		1.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP
TITLE	CD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	KEY, ERNEST D., JR.		2.2 NAME
STREET ADDRESS	560 EDGEWOOD AVE., N.E.		2.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	MARTIN, STEVEN J.		3.2 NAME
STREET ADDRESS	560 EDGEWOOD AVE. N.E.		3.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	BEARD, JAMES L.		4.2 NAME
STREET ADDRESS	560 EDGEWOOD AVE., N.E.		4.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	BREEN, WILLIAM H., JR.		5.2 NAME
STREET ADDRESS	108 E. PONCE DE LEON AVE		5.3 STREET ADDRESS
CITY-ST-ZIP	DECATUR GA		5.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	MAIER, FRANK, JR.		6.2 NAME
STREET ADDRESS	3225 PEACHTREE ROAD		6.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: Ernest D. Key, Jr. 11 FEB 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERNEST D. KEY, JR