

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 607750 (7)

1. Corporation Name

AMCRAFT FIXTURE CO., INC.

Principal Place of Business

Mailing Address

**928 W SLIGH AVE
SEFFNER FL 33584**

**928 W SLIGH AVE
SEFFNER FL 33584**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 **Amcraft Fixture Co. Inc.**

22 City & State

27 **Po Box 151603**

23 Zip

Country

28 **Tampa, Florida**

24

25

29 **33684**

30 **USA**

9. Name and Address of Current Registered Agent

**BREAKEY, FRED
928 W SLIGH AVE
SEFFNER FL 33584**

3. Date of Incorporation or Qualified

01/24/1979

3a. Date of Last Report

06/22/1995

4. FIC Number

59-1872738

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

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	JACKSON, CLAUDE, JR	
STREET ADDRESS	3201 GRANADA	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	D	☐ DELETE
NAME	HENRY, ROBERT	
STREET ADDRESS	RT 3 BOX 1971	
CITY-STATE-ZIP	ODESSA, FL 00000	
TITLE	DST	☐ DELETE
NAME	CHAPMAN, RICHARD L	
STREET ADDRESS	3601 COPPERTREE CIR	
CITY-STATE-ZIP	BRANDON, FL 00000	
TITLE	D	☐ DELETE
NAME	BARBER, LEO D	
STREET ADDRESS	SOUTH DOVER RD	
CITY-STATE-ZIP	DOVER, FL 00000	
TITLE	P	☐ DELETE
NAME	BREAKEY, FRED B	
STREET ADDRESS	928 W SLIGH	
CITY-STATE-ZIP	SEFFNER, FL 00000	
TITLE	DV	☐ DELETE
NAME	ROMBERGER, JOHN J	
STREET ADDRESS	606 ROSIER RD	
CITY-STATE-ZIP	BRANDON, FL 00000	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied to the Division is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. This annual report or supplemental report of the corporation or the registered officer/registered agent is required by Chapter 617, Florida Statutes, and that my name appears in Box 12 or Box 13 of this form, or in a mail address with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred B. Breaky 7/2/96

813-685-0566

CR2E034 (3/96)