

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

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:49

DOCUMENT # 210059 (2)

1. Corporation Name

SPRING LOCK SCAFFOLDING OF FLORIDA INC

Principal Place of Business

1600 S DIVISION AVENUE
ORLANDO FL 32805

Mailing Address

2600 N 2ND ST
PHILADELPHIA PA 19133
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1958

3a. Date of Last Report

03/15/1994

4. FEI Number

59-0822615

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEMUS, MARTHA
602 S. ARMENIA AVE.
TAMPA FL 33609

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
RAPOPORT, ERNEST
214 PARKVIEW RD
CHELTENHAM, PA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
RAPOPORT, JEFFREY
459 N APPLE TREE LN
LAFAYETTE HILL, PA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
RAPOPORT, MITCHELL
214 PARKVIEW RD
CHELTENHAM PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
RAPOPORT, RANDY
214 PARKVIEW RD
CHELTENHAM PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(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; 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, unchanged, or on an attachment with an address.

SIGNATURE:

Jeffrey Rapoport
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

(Date)

(Typed Name)