

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 # 252387

(6)

1. Corporation Name

SOUTHERN OIL RESIN & FIBERGLASS INC



Principal Place of Business

ONE TOWN CENTER RD
BOCA RATON FL 33486

Mailing Address

ONE TOWN CENTER RD
BOCA RATON FL 33486

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

3. Date Incorporated or Qualified

10/20/1961

3a. Date of Last Report

04/28/1995

4. FEI Number

23-0882523

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

DEWEIN, GEORGE
8700 NW 36TH AVE
MIAMI FL 33147

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 transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

SMITH, BRIAN

STREET ADDRESS

ONE TOWN CENTER RD
BOCA RATON FL

CITY - ST - ZIP

TITLE

VD

☒ DELETE

NAME

NEEVES, JAMES

STREET ADDRESS

ONE TOWN CENTER RD
BOCA RATON FL

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

LAMM, ROBERT B

STREET ADDRESS

ONE TOWN CENTER RD
BOCA RATON FL

CITY - ST - ZIP

TITLE

AT

☒ DELETE

NAME

CHADER, GORDON

STREET ADDRESS

ONE TOWN CENTER RD
BOCA RATON FL

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President & Director

☒ Change

☐ Addition

1.2 NAME

Peter D. Houchin

1.3 STREET ADDRESS

One Town Center Road
Boca Raton, FL 33486

1.4 CITY - ST - ZIP

2.1 TITLE

Vice President & Director

☒ Change

☐ Addition

2.2 NAME

Akos L. Nagy

2.3 STREET ADDRESS

One Town Center Road
Boca Raton, FL 33486

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

Treasurer

Paul McMahon

One Town Center Road
Boca Raton, FL 33486

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 form 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul McMahon, Treasurer

4/4/96

407-362-2000

CR2E034 (12/95)