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FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 343402

(4)

1. Corporation Name

ECONOMY SCALE COMPANY, INC.

Principal Place of Business

5808 PROVIDENCE ROAD  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 1327  
RIVERVIEW FL 33568-1327  
US



3. Date Incorporated or Qualified

03/21/1969

3a. Date of Last Report

04/24/1996

4. FEI Number

59-1226746

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURICE, JOHN J  
5908 PROVIDENCE RD  
RIVERVIEW, F. FL 33569

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JOHN J. MAURICE  
STREET ADDRESS 5908 PROVIDENCE RD  
CITY-ST-ZIP RIVERVIEW, FL 00000 33569

TITLE V ☐ DELETE

NAME MAURICE, BETTY J  
STREET ADDRESS 5908 PROVIDENCE RD  
CITY-ST-ZIP RIVERVIEW FL

TITLE ST ☐ DELETE

NAME MAURICE, BETTY J  
STREET ADDRESS 5908 PROVIDENCE RD  
CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ DELETE

NAME MAURICE, JR. J J  
STREET ADDRESS 5908 PROVIDENCE RD  
CITY-ST-ZIP RIVERVIEW, FL 00000

TITLE D ☐ DELETE

NAME PADGETT, II R S  
STREET ADDRESS 9426 WALTON ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME SHARP, SHARON M  
STREET ADDRESS 208 COUGAR RD  
CITY-ST-ZIP JACKSONVILLE FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: John J. Maurice President John J. Maurice 4/10/97 813-6895603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)