

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 12 1996 8:00 am  
Secretary of State

DOCUMENT # 346616 (6)

1. Corporation Name

ELECTROMATE MANUFACTURING CORPORATION



Principal Place of Business

7531 SALISBURY ROAD  
JACKSONVILLE FL 32256-6914

Mailing Address

7531 SALISBURY ROAD  
JACKSONVILLE FL 32256-6914

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 River Road  
Suite, Apt. #, etc.

27 City & State

28 Verona PA 15147  
Zip Country

29 15147

30

3. Date Incorporated or Qualified  
05/21/1969

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1228022

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

9. Name and Address of Current Registered Agent

ROBROY INDUSTRIES, INC.  
7531 SALISBURY ROAD  
JACKSONVILLE FL 32216

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 filer's application)

(NOTE: Registered Agent's signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCILROY, PETER II  
STREET ADDRESS 109 CATALPA RIDGE RD.  
CITY-STATE-ZIP PITTSBURG PA

☐ DELETE

TITLE VST  
NAME KIRCHNER, LOUIS J.  
STREET ADDRESS 213 HEMLOCK DR.  
CITY-STATE-ZIP MCMURRAY PA

☐ DELETE

TITLE Treasurer  
NAME Deane, Michael T.  
STREET ADDRESS 1905 Victoria Lane  
CITY-STATE-ZIP Irwin PA 15642

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

Michael T. Deane

Michael T. Deane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

412-828-2100

Daytime Phone #

CR2E034 (12/95)