

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 349397

(0)

1. Corporation Name

CORKY CORPORATION

Principal Place of Business

**701-A N BROAD ST
BOX 627
BREVARD NC 28712**

Mailing Address

**701-A N BROAD ST
BOX 627
BREVARD NC 28712**



3. Date Incorporated or Qualified

07/15/1969

3a. Date of Last Report

04/28/1995

4. FID Number

59-1296525

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. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

9. Name and Address of Current Registered Agent

**THOMSON, JOHN M.
2222 PONCE DE LEON BV
STE 200
CORAL GABLES FL 33134**

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 607.0602 and 607.1608, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(SEE PAGE 2)

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	BOOZER, JAMES C.	701-A N BROAD ST	BREVARD NC	☐
STV	BOOZER, SANDRA W.	701-A N BROAD ST	BREVARD NC	☐
D	BOOZER, J. CHRISTOPHER	701-A N BROAD ST	BREVARD NC	☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
				☐
				☐
				☐
				☐
				☐
				☐
				☐

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 or addendum 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 Boozer STV* *SANDRA W. BOOZER STV*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

704-884-4189

CR2E034 (12/95)