

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

DOCUMENT # 400941 (1)

1. Corporation Name

DEVCON CARIBBEAN PURCHASING CORP.



Principal Place of Business

Mailing Address

1350 EAST NEWPORT CENTER DR
STE. 201
DEERFIELD BCH. FL 33442-7779

1350 EAST NEWPORT CENTER DR
STE. 201
DEERFIELD BCH. FL 33442-7779

3. Date Incorporated or Qualified

04/19/1972

3a. Date of Last Report

02/07/1995

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

4. FEI Number

59-1419237

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

ZIROLLA, BEVERLY
1350 EAST NEWPORT CENTER DR
DEERFIELD BCH. FL 33443

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 of Registered Agent or Current Registered Agent

Signature of Registered Agent or Current Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	☐ DELETE
NAME	HORASBY, RICHARD L	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	☐ DELETE
NAME	SMITH, DONALD L	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	☐ DELETE
NAME	OBENAUF, H. C.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	☐ DELETE
NAME	ZIROLLA, BEVERLY	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VTD	☐ DELETE
NAME	BARRETT, WALTER B.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER B. BARRETT
VICE PRESIDENT

2/13/96

(954)
429-1600

CR2E034 (12/95)