

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 # 476391 (8)

1. Corporation Name

MACCLENNY PRODUCTS INC.

Principal Place of Business

C/O JAMES WALBURN  
1481 SOUTH SIXTH STREET  
MACCLENNY FL 32063  
US

Mailing Address

C/O JAMES WALBURN  
1481 SOUTH SIXTH STREET  
MACCLENNY FL 32063  
US



3. Date Incorporated or Qualified

05/19/1975

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1481 South Sixth Street

26 1481 South Sixth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Macclenny Fl.

28 Macclenny Fl.

Zip

Country

Zip

Country

24 32063

25 USA

29 32063

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALBURN, JAMES K.  
1481 SOUTH SIXTH STREET  
MACCLENNY FL 32063

81 Name  
Melinda Chisholm

82 Street Address (P.O. Box Number is Not Acceptable)  
1481 South Sixth Street

83

84 City  
Macclenny

FL 85 Zip Code  
32063

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 Melinda Chisholm

Melinda Chisholm

04/26/96

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 PD ☐ DELETE

NAME BAYER, ROBERT  
STREET ADDRESS 503 RIVERSVILLE RD  
CITY-ST-ZIP GREENWICH CO

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Bayer, Robert  
1.3 STREET ADDRESS 503 Riversville Rd.  
1.4 CITY-ST-ZIP Greenwich, CT. 06830

TITLE SD ☐ DELETE

NAME ROY, HOWARD  
STREET ADDRESS 103 MURRY AVENUE  
CITY-ST-ZIP LARCHMONT, NY.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*David Houseman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Houseman

04/25/96

Date

Daytime Phone #

CR2E034 (12/95)