

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592126 (7)

1. Corporation Name

INTERCOAST CONTRACT SPECIALTIES, INC.

Principal Place of Business

1270 S.W. 34TH STREET
PO BOX 1826
PALM CITY FL 34960-3826

Mailing Address

1270 S.W. 34TH STREET
PO BOX 1826
PALM CITY FL 34960-3826

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1978

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1863137

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

21 2283 S.W. SPAINBILL DRIVE

2a. Mailing Address

P.O. Box 1826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM CITY, FL.

City & State

28 PALM CITY, FL.

Zip

24 34990

Country

25 MARTIN

Zip

29 34990

Country

30 MARTIN

9. Name and Address of Current Registered Agent

KROPORNICKI, RONALD A.
1270 SW 34TH ST.
PO BOX 1826
PALM CITY FL 34960

10. Name and Address of New Registered Agent

81 Name

KROPORNICKI, RONALD A.

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

2283 S.W. SPAINBILL DRIVE

83

P.O. Box 1826

84 City

PALM CITY

FL

85 Zip Code

34990

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

TITLE	PD
NAME	KROPORNICKI, RONALD A.
STREET ADDRESS	1270 S.W. 34TH STREET
CITY - ST - ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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:

Ronald A. Kropornicki
RONALD A. KROPORNICKI - PRESIDENT

4/11/95

407-286-2826