

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 # 592126 (7)

1. Corporation Name

INTERCOAST CONTRACT SPECIALTIES, INC.



Principal Place of Business

2283 S.W. SPOONBILL DRIVE
PO BOX 1826
PALM CITY FL 34990
US

Mailing Address

P. O. BOX 1826
PO BOX 1826
PALM CITY FL 34990
US

3. Date Incorporated or Qualified
11/01/1978

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 2198 S.W. WHITEMARSH WAY

26 P.O. BOX 1826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PALM CITY, FL.

28 PALM CITY, FL.

Zip

Country

Zip

Country

24 34990

25 US

29 34991

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROPORNICKI, RONALD A.
2283 S.W. SPOONBILL DRIVE
P.O. BOX 1826
PALM CITY FL 34990

81 Name

KROPORNICKI, RONALD A.

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

2198 S.W. WHITEMARSH WAY

83

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

Ronald A. Kropornicki

RONALD A. KROPORNICKI, PRES.

126/96

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
KROPORNICKI, RONALD A.
2198 S.W. WHITEMARSH WAY
PALM CITY, FL. 34990

☒ Change ☐ Addition

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126/96

DATE

407-286-2826

DAYTIME PHONE #

CR2E034 (12/95)