

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

fs 182

DOCUMENT # 820713 (6)

1. Corporation Name

DURAMAX, INC.



Principal Place of Business

16025 JOHNSON STREET
MIDDLEFIELD OHIO 44062

Mailing Address

16025 JOHNSON STREET
MIDDLEFIELD OHIO 44062

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
09/08/1967

3a. Date of Last Report
05/01/1995

4. FEI Number

34-0317950

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if a legal clerk

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, PAUL C JR
STREET ADDRESS 16025 JOHNSON STREET
CITY-ST-ZIP MIDDLEFIELD OH ☐ DELETE

TITLE S
NAME OLIVER, JAMES P
STREET ADDRESS 16025 JOHNSON STREET
CITY-ST-ZIP MIDDLEFIELD OH ☐ DELETE

TITLE AT
NAME PERDAN, RUDY
STREET ADDRESS 16025 JOHNSON ST.
CITY-ST-ZIP MIDDLEFIELD OH ☐ DELETE

TITLE D
NAME MILLER, PAUL C.
STREET ADDRESS 16025 JOHNSON ST.
CITY-ST-ZIP MIDDLEFIELD OH ☐ DELETE

TITLE D
NAME PROCTOR, STANLEY M.
STREET ADDRESS 2016 MIDWAY DRIVE
CITY-ST-ZIP TWINSBURG OH ☐ DELETE

TITLE VP
NAME LASKO, EDWARD J
STREET ADDRESS 16025 JOHNSON ST
CITY-ST-ZIP MIDDLEFIELD OH ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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D
Paul D. Phillips
1 Windsor Court
Rocky River, Ohio 44116

D
Thayne L. Kraus
P.O. Box 334
Otis, Kansas 67576

D
John G. Saalfeld
3925 Hillandale
Toledo, Ohio 43606

D
Charles F. Walton
2020 Front Street - Suite 301
Cuyahoga Falls, Ohio 44221