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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **853053** (7)

O.F. MOSSBERG & SONS, INCORPORATED

Principal Place of Business: **7 GRASSO AVENUE NORTH HAVEN CT 06473**
Mailing Address: **7 GRASSO AVENUE NORTH HAVEN CT 06473**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (if changed)		3a. Date of Last Report	
06/03/1982		06/01/1994	
4. FEI Number		Applied For	
06-0460290		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Director Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199 (192) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. State Apt # etc		26. State Apt # etc		22. City & State		27. City & State	
23. City & State		28. City & State		24. Zip		29. Zip	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOSSBERG, ALAN I 873 SECOND AVENUE SOUTH TERRA VERDE FL 33715				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0803 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. Thereby, except the appointment of a registered agent. I am:

SIGNATURE: **Alan I. Mossberg, President**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PD MOSSBERG, ALAN I 873 2ND AVE. SO. TERRA VERDE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO SCHONER, WILLIAM 7 GRASSO AVE NORTH HAVEN CT	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS NICHOLS, GEORGIA L 7 GRASSO AVE NORTH HAVEN CT	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(1)(b) Florida Statutes. I further certify that the information submitted for 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 treasurer or authorized person to execute this report as required by Chapter 199 Florida Statutes, and that my name appears on Block 1 of Block 13 of change or on an affidavit with an address.

SIGNATURE: *Alan I. Mossberg*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR