

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853053 (7)

1. Corporation Name
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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/03/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 06-0460290		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 MOSSBERG, ALAN I 873 SECOND AVENUE SOUTH TIERRA VERDE FL 33715	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (Print Name of Registered Agent or Officer or Director) _____ (Print Name of Registered Agent or Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MOSSBERG, ALAN I	12 NAME	
STREET ADDRESS	873 2ND AVE. SO.	13 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	14 CITY-ST-ZIP	
TITLE	CFO	21 TITLE	☐ Change ☐ Addition
NAME	SCHONER, WILLIAM	22 NAME	
STREET ADDRESS	7 GRASSO AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH HAVEN CT	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, GEORGIA L	32 NAME	
STREET ADDRESS	7 GRASSO AVE	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH HAVEN CT	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H Schoner* **6-12-96** **203-230-5300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)