

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F18041 (6)

1. Corporation Name

SUPERIOR-MOLD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:59

Principal Place of Business

1944 SHERWOOD ST
CLEARWATER FL 34625

Mailing Address

1944 SHERWOOD ST
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1981

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2051597

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAMPHEY, ROBERT J
1944 SHERWOOD ST
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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 applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

ST

☐ Change

☐ Addition

NAME

KAMPHEY, RHONDA

STREET ADDRESS

1944 SHERWOOD ST

CITY - ST - ZIP

CLEARWATER, FL 00000

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

PV

☐ Change

☐ Addition

NAME

KAMPHEY, ROBERT J

STREET ADDRESS

1944 SHERWOOD ST

CITY - ST - ZIP

CLEARWATER, FL 00000

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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)(b), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rhonda Kamphey Rhonda Kamphey

1-10-95

(813)446-1949

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number