

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000000791

1. Corporation Name
PREMOR CORPORATION

Principal Place of Business Mailing Address

One N. Dale Mabry, Suite 940
Tampa, FL 33609

3. Date Incorporated or Qualified **2/16/93** 3a. Date of Last Report **4/16/96**

2. Principal Place of Business
21 **1 North Dale Mabry**
State Apt. # etc.
22 **Suite 950**
City & State
23 **Tampa, FL 33609**
Zip Country
24
25
26 **Holland & Knight**
Attn: **Kathleen Wheeler**
27 **400 North Ashley #2300**
City & State
28 **Tampa, FL**
Zip Country
29 **33601-1288**
30

4. FEI Number **38-1422703** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

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, and I understand and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE

12. OFFICERS AND DIRECTORS

TITLE **D P** NAME **Orsino, Philip** ☐ DELETE
STREET ADDRESS **402-4120 Yonge Street**
CITY-STATE-ZIP **North York, Ontario Canada**
TITLE **S** NAME **Ulster, Harley** ☐ DELETE
STREET ADDRESS **402-4120 Yonge Street**
CITY-STATE-ZIP **North York, Ontario Canada**
TITLE **T** NAME **Tubbesing, Robert V.** ☐ DELETE
STREET ADDRESS **402, 4120 Yonge Street**
CITY-STATE-ZIP **North York, Ontario Canada**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** NAME **Orsino, Philip** ☒ Change ☐ Addition
1.2 NAME **1600 Britannia Rd. E**
1.3 STREET ADDRESS **Mississauga, Ont L4W1J2**
1.4 CITY-STATE-ZIP
2.1 TITLE **S** NAME **Ulster, Harley** ☒ Change ☐ Addition
2.2 NAME **1600 Britannia Rd., E**
2.3 STREET ADDRESS **Mississauga, Ont L4W1J2**
2.4 CITY-STATE-ZIP
3.1 TITLE **T** NAME **Tubbesing, Robert V.** ☒ Change ☐ Addition
3.2 NAME **1600 Britannia Rd., E**
3.3 STREET ADDRESS **Mississauga, Ont L4W1J2**
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Tubbesing **ROBERT TUBBESING** 5-21-97 905-670-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

97 MAY 29 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)

700002194737--2

A. Alan
5/29/97



ACCOUNT NO. : 072100000032

REFERENCE : 408330 4303940

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 165.00

ORDER DATE : May 29, 1997

ORDER TIME : 11:21 AM

ORDER NO. : 408330

CUSTOMER NO: 4303940

CUSTOMER: Kathleen Wheeler, Legal Asst
Holland & Knight
Suite 2300
400 North Ashley Drive
Tampa, FL 33602

CHANGE OF AGENT

NAME: PREMDOR CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Todd Sterzoy

RECEIVED
97 MAY 29 PM 12:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*A. Alan
5/29/97*