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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004139 (2)

1. Corporation Name

BARNETT BRASS OF FLORIDA INC.

Principal Place of Business

3333 LENOX AVENUE  
JACKSONVILLE FL 32254  
US

Mailing Address

3333 LENOX AVENUE  
JACKSONVILLE FL 32254  
US



3. Date Incorporated or Qualified  
09/10/1993

3a. Date of Last Report  
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 state if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

PRAY, WILLIAM R

STREET ADDRESS

3333 LENOX AVENUE

CITY-ST-ZIP

JACKSONVILLE FL E3220-5

TITLE

ST

☒ DELETE

NAME

RESTIVO, NEAL

STREET ADDRESS

24460 AURORA ROAD

CITY-ST-ZIP

BEDFORD HEIGHTS OH

TITLE

CD

☐ DELETE

NAME

WAXMAN, ARMOND

STREET ADDRESS

24460 AURORA ROAD

CITY-ST-ZIP

BEDFORD HEIGHTS OH 44146

TITLE

D

☐ DELETE

NAME

WAXMAN, MELVIN

STREET ADDRESS

24460 AURORA ROAD

CITY-ST-ZIP

BEDFORD HEIGHTS OH 44146

TITLE

V

☐ DELETE

NAME

LUIGA, ANDREA M

STREET ADDRESS

3333 LENOX AVE.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Jacksonville, FL 32254

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S

Al Poindexter

3333 Lenox Ave.

Jacksonville, FL 32254

Director

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea M. Luiga

5-01-96 (904)364-

Date

Daytime Phone # 6530

CR2E034 (12/95)