

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # F94000005135 (8)

1. Corporation Name

FLORIDRON (VERO BEACH) LIMITED, INC.

Principal Place of Business

DUNMORE, NR TARBERT ARGYLL
PA29 6XS, UNITED KINGDOM

Mailing Address

DUNMORE, NR TARBERT ARGYLL
PA29 6XS, UNITED KINGDOM

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

4. FEI Number

65-0539285

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

2. Principal Place of Business

21 100 CALEDONIA DRIVE

2a. Mailing Address

26 100 CALEDONIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MELBOURNE BEACH FL

City & State

27 MELBOURNE BEACH FL

Zip

Country

USA

Zip

Country

USA

24 32951

25

28 32951

30

9. Name and Address of Current Registered Agent

DILL, WARREN W
1515 US HWY 1, SUITE 201
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

BRIAN SCULTHORN

82 Street Address (P.O. Box Number is Not Acceptable)

83

100 CALEDONIA DRIVE

84 City

MELBOURNE BEACH FL

85 Zip Code

32951

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

Brian Sculthorn

BRIAN SCULTHORN DIRECTOR

7/6/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCULTHORN, LEONARD E
STREET ADDRESS	115 ST. ANDREWS DR.
CITY, ST, ZIP	GLASGOW G41 4RA UNITED KINGD
TITLE	D
NAME	TAIT, ELAINE
STREET ADDRESS	115 ST. ANDREWS DR.
CITY, ST, ZIP	GLASGOW G41 4RA UNITED KINGD
TITLE	D
NAME	SCULTHORN, BRIAN M
STREET ADDRESS	93 TRINITY RD.
CITY, ST, ZIP	EDINBURGH EH5 3JX UNITED KIN
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SCULTHORN, BRIAN M
3.3 STREET ADDRESS	134 CALEDONIA DRIVE
3.4 CITY, ST, ZIP	MELBOURNE BEACH FL 32951
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian Sculthorn

BRIAN SCULTHORN

7/6/95

407-952-5298

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)