

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000534 (6)

1. Corporation Name

FLORIDRON (SOUTH SHORES) LIMITED, INC.



Principal Place of Business

Mailing Address

~~BUNMORE, NR TARBERT, AROYLT~~
~~PA29 6XS~~
~~UNITED KINGDOM~~

~~BUNMORE, NR TARBERT, AROYLT~~
~~PA29 6XS~~
~~UNITED KINGDOM~~

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 100 CALEDONIA DRIVE

26 100 CALEDONIA DRIVE

4. FEI Number

59-3302691

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MELBOURNE BEACH, FL

28 MELBOURNE BEACH, FL

Zip

Country

Zip

Country

24 32951

25

29 32951

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BILL WARREN W~~
~~1515 US HWY 1, #201~~
~~SEBASTIAN FL 32958~~

81 Name

JULIE BURNS

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

100 CALEDONIA DRIVE

83

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

Julie Burns
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SCULTHORP, LEONARD E

STREET ADDRESS 115 ST. ANDREWS DR.

CITY - ST - ZIP GLASGOW G41 4RA UNITED KINGDOM

TITLE ☐ DELETE

NAME SCULTHORP, BRIAN M

STREET ADDRESS 93 TRINITY RD.

CITY - ST - ZIP EDINBURGH EH6 3JX UNITED KINGDOM

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☒ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE:

Brian Sculthorp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN SCULTHORP

4/10/96

407-676-0521

Date

Daytime Phone #

CR2E034 (12/95)