

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 # F95000006006 (9)

1. Corporation Name

COOKSON MATTHEY EAGLE INC.



Principal Place of Business

3333 CANAL ST
JACKSONVILLE FL 32209

Mailing Address

3333 CANAL ST
JACKSONVILLE FL 32209

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

4. FEI Number

23-2802597

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
KILPATRICK, J.
130 WOOD ST
LONDON EC2V 6EQ, ENGLAND

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ASHER, T. JR
4790 NE 10TH AVE
FT LAUDERDALE FL 33334

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GOLDEN, V.
192 3RD AVE
WESTWOOD NJ 07875-9

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOOD, C. M.
THE OLD FOUNDRY, HALL ST, LONG MELFORD
SUDBURY, SUFFLK CO10 0JG ENG

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
HUGHES, G. A.
3333 CANAL ST
JACKSONVILLE FL 32209

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
JAMES, A. G.
LIVERPOOL RD E, KIDSGROVE
STOKE ON TRENT ST7 3AA, ENG

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.A. Hughes

DATE

4/23/96

Daytime Phone #

(904) 356-2674

CR2E034 (12/95)