

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G09631**

(4)

1. Corporation Name

CONSUMER PRODUCTS GROUP, INC.

Principal Place of Business

**4810 EXECUTIVE PAR CT.
JACKSONVILLE FL 32216**

Mailing Address

**4810 EXECUTIVE PAR CT.
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1982

3a. Date of Last Report

06/20/1994

4. FEI Number

59-2238620

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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 title 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 **P**
NAME **KOHN, THOMAS**
STREET ADDRESS **4 WALKERS RIDGE DRIVE**
CITY - ST - ZIP **PONTE VEDRA BEACH FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **WYATT, BRUCE H.**
STREET ADDRESS **11 BITTERSWEET LANE**
CITY - ST - ZIP **W. IBRAHAM MA**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **CONDERMAN, JOHN**
STREET ADDRESS **3930 MOSS OAK DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **AT**
NAME **MASCARO, CARMEN J.**
STREET ADDRESS **23 HARVEST HILL ROAD**
CITY - ST - ZIP **WEST SIMSBURY CT**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

Mascaro Carmen J

TITLE **AS**
NAME **COHAN, MARK I.**
STREET ADDRESS **12 MONTGOMERY ROAD**
CITY - ST - ZIP **SOUTH HAMPTON MA**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **AS**
NAME **GIBSON, CAROLYN S.**
STREET ADDRESS **115 WAYNE STREET**
CITY - ST - ZIP **SPRINGFIELD MA**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ 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 110.07(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: **C. J. Mascaro Asst Treas**

4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number