

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G73403** (9)

1. Corporation Name

IMCO, INC., OF USA



Principal Place of Business

Mailing Address

**C/O ALAN T. GEIGER
8130 BAYMEADOWS CIRCLE W., SUITE 108
JACKSONVILLE FL 32256**

**C/O ALAN T. GEIGER
8130 BAYMEADOWS CIRCLE W., SUITE 108
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified

12/09/1983

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 13133 PROFESSIONAL DR.

2a. Mailing Address

26 13133 PROFESSIONAL DR.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 100

27 100

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32225

Country

25 USA

Zip

29 32225

Country

30 USA

4. FEI Number

59-2442508

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

**SABATIER, LOUIS
8130 BAYMEADOWS CIRCLE WEST #108
SUITE 800
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

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

13133 PROFESSIONAL DRIVE STE. 100

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

11. Pursuant to the provisions of Sections 607.0102 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 of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE
NAME **SABATIER, LOUIS E.**
STREET ADDRESS **8130 BAY MEADOWS CIRCLE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE
NAME **RIVIER, VINCENT**
STREET ADDRESS **8130 BAYMEADOWS CIRCLE**
CITY - ST - ZIP **JACKSONVILLE FL**

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

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 **SAINT JEAN DE NOYAREY**
2.4 CITY - ST - ZIP **38360 SASSENAGE FRANCE**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent Rivier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 **011-53-72 33 10 88**

CR2E034 (3/96)