

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G83811** (1)

1. Corporation Name

ALLFORM, INC.



Principal Place of Business

Mailing Address

**5611 E. CHELSEA ST. (TAMPA, FL 33610)
P.O. BOX 803
VALRICO FL 33594**

**5611 E. CHELSEA ST. (TAMPA, FL 33610)
P.O. BOX 803
VALRICO FL 33594**

2. Principal Place of Business

2a. Mailing Address

21 5611 E. Chelsea Street

26 P. O. Box 803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, Florida

28 Valrico, Florida

Zip

Country

24 33610

Zip

29 33594

Country

30

9. Name and Address of Current Registered Agent

**DUHAIME, THOMAS DANIEL
2706 GOLF HEIGHTS CIRCLE
VALRICO FL 33594**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2706 Golf Heights Circle

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/02/1984

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2380392 59-2380932

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

10. Name and Address of New Registered Agent

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 (check the applicable box)

(Print the Registered Agent's name if he is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **DUHAIME, THOMAS DANIEL**
STREET ADDRESS **2706 GOLF HEIGHTS CIRCLE**
CITY-ST-ZIP **VALRICO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Zip 33594**

TITLE **DVP** ☐ DELETE
NAME **JANOCKO, RICHARD ANDREW**
STREET ADDRESS **2812 FAIRWAY VIEW DR.**
CITY-ST-ZIP **VALRICO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Zip 33594**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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

DATE

Exhibit Number

CR2E034 (12/95)