

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 # H07761 (0)

1. Corporation Name

CHRISTMAN PRODUCTS CORPORATION

Principal Place of Business

Mailing Address

1646 N. LAKE MEADOW CIRCLE
PO BOX 2176
BRANDON FL 33510-4069

1646 N. LAKE MEADOW CIRCLE
PO BOX 2176
BRANDON FL 33510-4069



3. Date Incorporated or Qualified
06/13/1984

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2409297

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.
1800 BARNETT PLAZA
201 SOUTH ORANGE AVENUE
ORLANDO FL 32801

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 type: 1. Principal place of business, 2. Registered agent, 3. Director, 4. Officer, 5. Shareholder, 6. Other

(If the Registered Agent signature is placed where indicated)

(If the

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	☐ DELETE
NAME	MAROSCHER, RUDOLF	
STREET ADDRESS	36135 SALEM GRANGE ROAD	
CITY- ST- ZIP	SALEM OH	
TITLE	T	☐ DELETE
NAME	MAROSCHER, BARBARA C.	
STREET ADDRESS	36135 SALEM GRANGE RD	
CITY- ST- ZIP	SALEM OH	
TITLE	S	☐ DELETE
NAME	MAROSCHER, VICTOR W.	
STREET ADDRESS	SOMERSET DRIVE	
CITY- ST- ZIP	SALEM OH	
TITLE	P	☐ DELETE
NAME	CHRISTMAN, GREGORY	
STREET ADDRESS	1046 N. LAKE MEADOW CIR	
CITY- ST- ZIP	BRANDON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 in an attachment with an address.

SIGNATURE:

Gregory Christman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

83-681-6669

CR2E034 (3/96)