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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H39890

(9)

1. Corporation Name

URETHANE PRODUCTS, INC.



Principal Place of Business

139 JAMES ST
STE 1111
VENICE FL 34292
US

Mailing Address

% JOHN LYONS
1065 MAIN ST., SUITE 1111
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
01/28/1985

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

25 725 Helen St.

4. FEI Number
59-2522036

Applied For
Not Applicable

22 City & State

27 City & State
MOUNT DORA FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

SCHNEIDER, CAROL T.
725 HELEN ST
MT.DORA FL 32757

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHNEIDER, E.J.
STREET ADDRESS 1044 NEWBERRY STREET
CITY-ST-ZIP RIPPON WI ☐ DELETE

TITLE VSD
NAME JOHN SCHNEIDER
STREET ADDRESS 725 HELEN ST
CITY-ST-ZIP MOUNT DORA FL ☐ DELETE

TITLE PD
NAME SCHNEIDER, CAROL T.
STREET ADDRESS 725 HELEN ST
CITY-ST-ZIP MOUNT DORA FL ☐ DELETE

TITLE D
NAME FIESBECK, MELODY
STREET ADDRESS 2096 S. CHURCH STREET
CITY-ST-ZIP EAST TROY WI ☐ DELETE

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
SCHNEIDER, MRS. E.J. (ANNE) ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CAROL T. SCHNEIDER

Date

Daytime Phone #

352-735-2064

CR2E034 (9/96)