

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H41524 (0)

95 JUL 24 AM 8:42

1. Corporation Name

ALL AMERICAN COMMODITIES, INC.

Principal Place of Business

**1103 FLORIDA AVENUE
PALM HARBOR FL 34683**

Mailing Address

**1103 FLORIDA AVENUE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1985

3a. Date of Last Report

02/10/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2646129

Applied For

☐ Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. The corporation has liability for intangible tax under s. 199.012
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LANGROCK, PAUL
852 VILLAGE WAY
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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 of corporation)

(NOTE: Registered Agent signature required when mandating)

GAIT

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
LANGROCK, PAUL M.
852 VILLAGE WAY
PALM HARBOR FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information 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 Part 12 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/95

8/3 938-1911

CR2E034 (3/95)