

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93829

(0)

1. Corporation Name

UNITED STATES REFACTORIES, INC.

Principal Place of Business

P O BOX 1164
P.O. BOX 1164
JACKSONVILLE FL 32201-8164

Mailing Address

P O BOX 1164
P.O. BOX 1164
JACKSONVILLE FL 32201-8164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1986

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2637456

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

O'DWYER, THOMAS L
14750 BEACH BLVD #57
JACKSONVILLE BCH 32250

10. Name and Address of New Registered Agent

81 Name

DON E. GRIFFIN

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

1721 EGNER STREET

84 City

JACKSONVILLE

FL

85 Zip Code

32206

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, 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

Don E. Griffin

4-28-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DVD
GRIFFIN, DON E.
10530 RUNNING OAK CT
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DS
CLOUD, ALMA V.
10530 RUNNING OAK CT
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
O'DWYER, THOMAS L.
14750 BEACH BLVD #57
JACKSONVILLE BCH FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

PD
GRIFFIN, DON E.
1721 EGNER STREET
JACKSONVILLE, FL.

☒ 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

DECEASED

☒ 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(2)(b), 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:

Don E. Griffin
SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR
DON E. GRIFFIN

4/10/95

(904) 359-0283