

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$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

DOCUMENT # J31429 (0)

1. Corporation Name

CORBIN SUPERIOR COMPOSITES, INC.

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5235-1 RED CEDAR DR.
FT. MYERS FL 33907

Mailing Address

5235-1 RED CEDAR DR.
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1986

3a. Date of Last Report

06/03/1994

4. FEI Number

22-2747023

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. 199.012
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 19296 Tuckaway Ct.

2a. Mailing Address

26 19296 Tuckaway Ct.

Suite, Apt. #, etc.

22 53K

Suite, Apt. #, etc.

27 53K

City & State

23 N. Ft. Myers, FL

City & State

28 N. Ft. Myers, FL

Zip

24 33903

County

25 Lee

Zip

29 33903

County

30 Lee

9. Name and Address of Current Registered Agent

CORBIN, TEDI D
5235-1 RED CEDAR DR.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Tedi Drucker

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

19296 Tuckaway Ct. #53K

83

84 City

N. Ft. Myers

85 FL

86 Zip Code

33903

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

Tedi Drucker, Pres.

7/31/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CORBIN, TEDI D
STREET ADDRESS	5235-1 RED CEDAR DR.
CITY - ST - ZIP	FT. MYERS FL
TITLE	V
NAME	SMITH, MARY C
STREET ADDRESS	12934 CARTER
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	V
NAME	CORBIN, JEANNE E
STREET ADDRESS	1910 MORRIS ST.
CITY - ST - ZIP	SARASOTA 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

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	Tedi Drucker	
1.3 STREET ADDRESS	19296 Tuckaway Ct. #53K	
1.4 CITY - ST - ZIP	N. Ft. Myers, FL 33903	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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:

Tedi Drucker

7/31/95

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(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Optional Phone #)