

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 10:02

DOCUMENT # J49310

(2)

1. Corporation Name

ELASTIZELL CORPORATION OF FLORIDA, INC.

Principal Place of Business

6553 46TH STREET
SUITE 906
PINELLAS PARK FL 34665

Mailing Address

6553 46TH STREET
SUITE 906
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/30/1986

3a. Date of Last Report
03/02/1994

4. FEI Number
59-2748527

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 6251 44th St N

2a. Mailing Address

26 6251 44th St N

Suite, Apt. #, etc.

22 1921

Suite, Apt. #, etc.

27 1921

City & State

23 Pinellas Park

City & State

28 Pinellas Park

Zip

24 34665

Country

25 Pinellas

Zip

29 34665

Country

30 Pinellas

9. Name and Address of Current Registered Agent

SCHIERHOLZ, JOHN C
6553 46TH ST. NORTH
SUITE 906
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 1921

84 City Pinellas Park

FL

85 Zip Code

34665

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 his or her application)

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SCHIERHOLZ, JOHN C
STREET ADDRESS 5825 PUERTA DEL SOL #269
CITY - ST - ZIP ST. PETERSBURG FL

TITLE V
NAME GILLUM, JACK D
STREET ADDRESS 29242 BOBOLINK DRIVE
CITY - ST - ZIP LAGUNA NIGUEL CA

TITLE VS
NAME RICHMOND, ROBERT M.
STREET ADDRESS 8893 BARDMOOR BLVD #107
CITY - ST - ZIP LARGO 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 ☐ 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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John C. Schierholz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95 813-527-2424