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 FEB 21 AM 9:01

DOCUMENT # J52180 (3)

1. Corporation Name
U.S. BLOCK CORP.

Principal Place of Business
6811 BELVEDERE RD
W PALM BEACH FL 33413

Mailing Address
P O BOX 259
RIVER RD
LEESBURG NJ 08327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1987
3a. Date of Last Report: 10/05/1994
4. FEI Number: 22-2783039 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
SJOGREN, WALTER R
6811 BELVEDERE RD
WEST PALM BEACH FL 33413

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	DP
NAME	SJOGREN, WALTER R., SR.
STREET ADDRESS	5380 N OCEAN DR, APT 3B
CITY-ST-ZIP	SINGER ISLAND FL
TITLE	VP
NAME	SJOGREN, JANE BEVERLY
STREET ADDRESS	5380 N OCEAN DR., APT 3B
CITY-ST-ZIP	SINGER ISLAND FL
TITLE	VPS
NAME	SJOGREN, LORIANN
STREET ADDRESS	% WHIBCO INC. RIVER RD.
CITY-ST-ZIP	LEESBURG NJ
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	DP	☒ Change ☐ Addition
1 2 NAME	SJOGREN, WALTER R, Sr.	
1 3 STREET ADDRESS	191 SHELTER LANE, JUPITER INLET COL	
1 4 CITY-ST-ZIP	FLORIDA, 33469	
2 1 TITLE	VP	☒ Change ☐ Addition
2 2 NAME	SJOGREN, JANE BEVERLY	
2 3 STREET ADDRESS	191 SHELTER LANE	
2 4 CITY-ST-ZIP	Jupiter Inlet Colony, FLORIDA 33469	
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)(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: [signature] 2/14/95 609-785-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LoriAnn Sjogren, Vice Pres. & Secretary

0404215 FN