

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K56573
Corporation Name

LIQUID FILL, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
21 **12385-D Automobile Blvd.**
Suite, Apt. #, etc.
22 **Suite D**
City & State
23 **Clearwater, FL 34622**
Zip Country
24 **34622**
25
26 **13535 Feather Sound Dr.**
Suite, Apt. #, etc.
27 **Suite 400**
City & State
28 **Clearwater, FL**
Zip Country
29 **34622-5587**
30

3. Date Incorporated or Qualified **01/03/1989**
3a. Date of Last Report **03/28/95**
4. FEI Number **59-2925303**
5. Certificate of Status Desired **xx** **\$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. 199.03, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

McLeod, Philip A.
540 Fourth Street North
St. Petersburg, FL 33701

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 a 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.

NATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PSTD** ☐ DELETE
NAME **Santerre, Barry J.**
STREET ADDRESS **2217 Windsong Ct.**
CITY, ST, ZIP **Safety Harbor, FL 34695**
2. TITLE **D** ☐ DELETE
NAME **Perry, Anne**
STREET ADDRESS **14810 Rue de Bayonne #7B**
CITY, ST, ZIP **Clearwater, FL 34622**
3. TITLE **D** ☐ DELETE
NAME **Santerre, L. James**
STREET ADDRESS **14810 Rue de Bayonne #7B**
CITY, ST, ZIP **Clearwater, FL 34622**
4. TITLE ☐ DELETE
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6. TITLE ☐ DELETE
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1. TITLE ☐ Change ☐ Add
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97. TITLE ☐ Change ☐ Add
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

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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 689, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barry J. Santerre

(813) 578-4545

4/26/96

CR2E034 (12/95)