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 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71047** **(9)**

1. Corporation Name
FOUR STAR PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O RICK VAAL 6111-A CLARK CENTER AVE SARASOTA FL 34238	C/O RICK VAAL 6111-A CLARK CENTER AVE SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 FOUR STAR PRODUCTS INC	26 FOUR STAR PRODUCTS INC
Suite, Apt. #, etc. 22 6115-B CLARK CENTER AVE	Suite, Apt. #, etc. 27 6115-B CLARK CENTER AVE
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34238 / 25 SARASOTA	Zip / Country 29 34238 / 30 SARASOTA

4. FEI Number: 65-0191902 ☐ 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

9. Name and Address of Current Registered Agent

VAAL, RICK L
6111-A CLARK CENTER AVE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name: RICK L VAAL
82 Street Address (P.O. Box Number is Not Acceptable): 6115-B CLARK CENTER AVE
83
84 City: SARASOTA FL 85 Zip Code: 34238

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 _____ DATE
Signature, typed or printed name of Registered Agent and Title if applicable — NOTE: Registered Agent signature is required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRE	11 TITLE	☐ Change ☐ Addition
NAME	VAAL, RICK L	12 NAME	
STREET ADDRESS	6111-A CLARK CENTER AVE	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LANKFORD, SAM	22 NAME	
STREET ADDRESS	4946 RUTLAND GATE	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STEWART, PHIL	32 NAME	
STREET ADDRESS	4946 RUTLAND GATE	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(i), 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: RICK L VAAL 4-26-95 813 925-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043876 CP