

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L99607** (8)

1. Corporation Name

UNI-FLANGE CORPORATION



Principal Place of Business

Mailing Address

**UNI-FLANGE CORPORATION
POST OFFICE BOX 6739
JACKSONVILLE FL 32236**

**UNI-FLANGE CORPORATION
POST OFFICE BOX 6739
JACKSONVILLE FL 32236**

2. Principal Place of Business

2a. Mailing Address

21 **775 Manchester Ave.**

25 **P.O. Box 443**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Wabash, Indiana**

28 **Wabash, Indiana**

Zip

Country

Zip

Country

24 **46992**

25 **USA**

29 **46992**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3033849

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

**GRAY, PATRICK H.
4205 HARBOUR WOODS RD. W.
JACKSONVILLE FL 32225**

81 Name

Mark Weden

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

1122 Salt Creek Drive

83

84 City

Ponte Vedra Beach

FL

85 Zip Code
32082

10. Name and Address of New Registered Agent

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 of record 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 my obligations under, Section 607.0505, Florida Statutes.

SIGNATURE

Mark Weden
Signature typed or printed name of registered agent, and the 1 applicable

Mark Weden

April 26, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **GRAY, PATRICK H.**
STREET ADDRESS **4205 HARBOUR WOODS RD W.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DST** ☐ DELETE
NAME **FORD, STEVEN R**
STREET ADDRESS **775 MANCHESTER AVE.**
CITY-ST-ZIP **WABASH IN**

TITLE **D** ☐ DELETE
NAME **AGNESS, TERRY**
STREET ADDRESS **775 MANCHESTER AVE.**
CITY-ST-ZIP **WABASH IN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(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:

Steven R. Ford

Steven R. Ford

Secy-Treas

April 26, 1996

219-563-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)