

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE

Sandra B. Hever
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:57

DOCUMENT # M70920

(7)

1. Corporation Name

USEC IMPORT & WHOLESALE, INC.

Principal Place of Business

6002 S. DALE MABRY HWY.
#A
TAMPA FL 33611-4263

Mailing Address

6002 S. DALE MABRY HWY.
#A
TAMPA FL 33611-4263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1988

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

59-2888714

Applied For

Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under 5-189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FONG, GEORGE W.
6002 A. SOUTH DALE MABRY HIGHWAY
TAMPA FL**

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 of Registered Agent (if not the same as above)

Signature of person preparing and filing this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PVD FONG, GEORGE W.
12.2 STREET ADDRESS	6002 S. DALE MABRY HWY #A
12.3 CITY, ST, ZIP	TAMPA FL
12.4 TITLE	SVP
12.5 NAME	FONG, JAMES K.
12.6 STREET ADDRESS	6002 S DALE MABRY
12.7 CITY, ST, ZIP	TAMPA FL
12.8 TITLE	VD
12.9 NAME	FONG, ALFRED E.
12.10 STREET ADDRESS	6002 SOUTH DALE MABRY #A
12.11 CITY, ST, ZIP	TAMPA FL
12.12 NAME	
12.13 STREET ADDRESS	
12.14 CITY, ST, ZIP	
12.15 TITLE	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 191.03(1)(b), Florida Statutes. I further certify that this information is included in 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 eligible to act as officer of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE

SIGNATURE AND FILED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-11-95