

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M91872** (5)

1. Corporation Name

MATERIALS, INC.



Principal Place of Business

Mailing Address

**6251 44TH ST N
1921
PINELLAS PARK FL 34665
US**

**6251 44TH ST N
1921
PINELLAS PARK FL 34665
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIERHOLZ, JOHN C.
6251 44TH ST N
SUITE 1921
PINELLAS PARK FL 34665**

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 607.1504, 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 the corporation's)

(If the Registered Agent's Signature is not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPS	☐ DELETE
2. NAME	SCHIERHOLZ, JOHN C.	
3. STREET ADDRESS	6553 46TH ST. N., #906	
4. CITY, ST, ZIP	PINELLAS PARK FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	6251 44TH ST N #1921
4. CITY, ST, ZIP	Pinellas Park FL 34665
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, 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 my address.

SIGNATURE:

John C. Schierholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

813-527-2424

CR2E034 (12/95)