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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P06018 (6)

1. Corporation Name
BORAL LIFETILE INC.

Principal Place of Business
4400 MACARTHUR BLVD.
500
NEWPORT BEACH CA 92660
US

Mailing Address
2859 PACES FERRY RD.
1520
ATLANTA GA 30339-6211
US



3. Date Incorporated or Qualified 05/14/1985
3a. Date of Last Report 05/30/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

4. FEI Number 94-2174208
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE C
NAME TUFF, TIMOTHY C
STREET ADDRESS 2859 PACES FERRY RD, STE 1520
CITY-ST-ZIP ATLANTA GA

TITLE V
NAME DEARMAN, ELVIS
STREET ADDRESS 30595 FM 529
CITY-ST-ZIP KATY TX

TITLE P
NAME HINSHAW, DONALD
STREET ADDRESS 4400 MACARTHUR BLVD.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE V
NAME HEYDENREICH, G.
STREET ADDRESS 1724 S. ROOFTILE ROAD
CITY-ST-ZIP CASA GRANDE AZ

TITLE VP
NAME JONES, STEVEN
STREET ADDRESS 2859 PACES FERRY RD. #1520
CITY-ST-ZIP ATLANTA GA 30339

TITLE S
NAME MCLEAN, ERNEST
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1520
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE VP
1.2 NAME Michael Lewis
1.3 STREET ADDRESS 2859 Paces Ferry Road Suite 1520
1.4 CITY-ST-ZIP Atlanta, GA 30339

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 770-801-8700 Daytime Phone #

CR2E034 (9/96)