

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 # P08479 (8)

1. Corporation Name
UNITED STATES CORRULITE CORPORATION



Principal Place of Business
C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440

Mailing Address
C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Period
04/21/1995

4. FEI Number
64-0530974

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

MCCALLUM, JOHN T.
111 PONCE DE LEON AVNUE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name
COFFMAN, STEPHEN V.
82 Street Address (P.O. Box Number is Not Acceptable)
111 PONCE DE LEON AVE.
83
84 City
CLEWISTON FL 85 Zip Code
33440

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	FAIRBANKS, J. NELSON	111 PONCE DE LEON AVE.	CLEWISTON FL	<input type="checkbox"/>
VD	TERRILL, JAMES E.	111 PONCE DE LEON AVE.	CLEWISTON FL	<input type="checkbox"/>
V	WADE, MALCOLM S. JR	111 PONCE DE LEON AVE.	CLEWISTON FL	<input type="checkbox"/>
VP	GRACE, JERRY W.	111 PONCE DE LEON AVE.	CLEWISTON FL	<input type="checkbox"/>
SD	BUKER, ROBERT H., JR.	111 PONCE DE LEON AVE.	CLEWISTON FL	<input type="checkbox"/>
TAS	MCCALLUM, JOHN T.	111 PONCE DE LEON AVE.	CLEWISTON FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TAS
6.3 STREET ADDRESS	COFFMAN, STEPHEN V.
6.4 CITY - ST - ZIP	111 PONCE DE LEON AVE. CLEWISTON, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen V. Coffman

4/29/96

Date

941-983-8121

Daytime Phone #

CR2E034 (12/95)