

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT



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

1995 6-14-95 B-7249 C

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P21075 (7)

1. Corporation Name
FORD, BACON & DAVIS SEALANTS INC.

Principal Place of Business Mailing Address
37 SEA PAVE DRIVE SOUTH WINDSOR CT 06074 **P.O. BOX 164 SOUTH WINDSOR CT 06074**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **10/04/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 72-1123991	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

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 _____ DATE _____
Signature required for certified copies of registered agent and title application Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORIAN, MERVILLE R	1.2 NAME	CD
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	1.3 STREET ADDRESS	Rainer Klee
CITY ST ZIP	DULUTH GA 30138	1.4 CITY ST ZIP	Bergerstr. 16
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, MICHAEL A	2.2 NAME	
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	DULUTH GA 30138	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYSLINSKI, THOMAS F	3.2 NAME	
STREET ADDRESS	37 SEA PAVE DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	S. WINDSOR CT 06074	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNEY, STEPHEN E	4.2 NAME	
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	4.3 STREET ADDRESS	
CITY ST ZIP	DULUTH GA 30138	4.4 CITY ST ZIP	
TITLE	DON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENIO, GEORGE G	5.2 NAME	
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	5.3 STREET ADDRESS	
CITY ST ZIP	DULUTH GA 30138	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: Thomas F. Myslinski **Thomas F. Myslinski** June 6, 1995 (203) 528-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #

CP2E034 (3/95)