

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 # **P21075** (7)

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



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

3. Date Incorporated or Qualified: **09/27/1988**
3a. Date of Last Report: **06/14/1995**

21	2. Principal Place of Business 37 Sea Pave Road	26	2a. Mailing Address	4.	FEI Number 72-1123991	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25	Country	30	Country				

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEE, RAINER	1.2 NAME	Dean T. Casaday
STREET ADDRESS	BERGERSTR. 16	1.3 STREET ADDRESS	39 Public Square
CITY-STATE-ZIP	47906 KEMPIN GE	1.4 CITY-STATE-ZIP	Wilkes-Barre, PA 18711
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMANN, MICHAEL A	2.2 NAME	Thomas F. Karam
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	2.3 STREET ADDRESS	39 Public Square
CITY-STATE-ZIP	DULUTH GA 30136	2.4 CITY-STATE-ZIP	Wilkes-Barre, PA 18711
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYSLINSKI, THOMAS F	3.2 NAME	Thomas F. Myslinski
STREET ADDRESS	37 SEA PAVE DRIVE	3.3 STREET ADDRESS	37 Sea Pave Road
CITY-STATE-ZIP	S. WINDSOR CT 06074	3.4 CITY-STATE-ZIP	South Windsor, CT 06074
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABNEY, STEPHEN E	4.2 NAME	George J. Green
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	4.3 STREET ADDRESS	37 Sea Pave Road
CITY-STATE-ZIP	DULUTH GA 30136	4.4 CITY-STATE-ZIP	South Windsor, CT 06074
TITLE	DCON <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENIO, GEORGE G	5.2 NAME	Richard N. Marshall
STREET ADDRESS	2675 BRECKINRIDGE BLVD.	5.3 STREET ADDRESS	39 Public Square
CITY-STATE-ZIP	DULUTH GA 30136	5.4 CITY-STATE-ZIP	Wilkes-Barre, PA 18711
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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** 2/26/96 (860) 528-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)