

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27044**

(7)

1. Corporation Name

EPICOR INDUSTRIES, INC.

Principal Place of Business

**C/O STANT CORPORATION
425 COMMERCE DRIVE
RICHMOND IN 47374
US**

Mailing Address

**C/O STANT CORPORATION
425 COMMERCE DRIVE
RICHMOND IN 47374
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

36-3672434

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 § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. **425 Commerce Drive**

28. City & State

29. Zip

30. Country

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. City

84. State

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

(Signature of Registered Agent)

(Signature of Registered Agent or Director)

1994

12. OFFICERS AND DIRECTORS

12.1 NAME	S
12.2 STREET ADDRESS	MARGETTS, THOMAS
12.3 CITY, ST, ZIP	425 COMMERCE DRIVE RICHMOND FL
12.4 NAME	V
12.5 STREET ADDRESS	PLOCINIK, THOMAS F.
12.6 CITY, ST, ZIP	425 COMMERCE DR RICHMOND IN
12.7 NAME	D
12.8 STREET ADDRESS	LINDSAY, ROBERT D
12.9 CITY, ST, ZIP	425 COMMERCE DRIVE RICHMOND IN
12.10 NAME	D
12.11 STREET ADDRESS	WOODS, WARD W., JR.
12.12 CITY, ST, ZIP	425 COMMERCE DR RICHMOND IN
12.13 NAME	PD
12.14 STREET ADDRESS	PARIDY, DAVID R
12.15 CITY, ST, ZIP	425 COMMERCE DRIVE RICHMOND IN
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	S	☒ Change ☐ Addition
13.2 STREET ADDRESS	Anthony W. Graziano, Jr.	
13.3 CITY, ST, ZIP	425 Commerce Drive Richmond IN	
13.4 NAME		☐ Change ☐ Addition
13.5 STREET ADDRESS		
13.6 CITY, ST, ZIP		
13.7 NAME		☐ Change ☐ Addition
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		
13.10 NAME		☐ Change ☐ Addition
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 NAME	T	☐ Change ☒ Addition
13.14 STREET ADDRESS	Thomas E. Schmitt	
13.15 CITY, ST, ZIP	425 Commerce Drive Richmond IN	

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. I am an officer or director of the corporation or the manager or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Thomas E. Schmitt *Thomas E. Schmitt*

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

5/1/95

(317)962-6655