

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 # P27044 (7)

1. Corporation Name

EPICOR INDUSTRIES, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 36-3672434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 425 COMMERCE DRIVE
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. City & State
24. Country	29. Zip
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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

Signature, typed or printed name of registered agent, if this is applicable. (If the filer is a registered agent, signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGETTS, THOMAS	1.2 NAME	GRAZIANO, ANTHONY W. JR.
STREET ADDRESS	425 COMMERCE DRIVE	1.3 STREET ADDRESS	425 COMMERCE DRIVE
CITY-STATE-ZIP	RICHMOND FL	1.4 CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOCINIK, THOMAS F.	2.2 NAME	MARGETTS, THOMAS
STREET ADDRESS	425 COMMERCE DR	2.3 STREET ADDRESS	425 COMMERCE DRIVE
CITY-STATE-ZIP	RICHMOND IN	2.4 CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, ROBERT D	3.2 NAME	
STREET ADDRESS	425 COMMERCE DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	RICHMOND IN	3.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, WARD W., JR.	4.2 NAME	
STREET ADDRESS	425 COMMERCE DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	RICHMOND IN	4.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIDY, DAVID R	5.2 NAME	
STREET ADDRESS	425 COMMERCE DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	RICHMOND IN	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SCHMITT, THOMAS E.
STREET ADDRESS		6.3 STREET ADDRESS	425 COMMERCE DRIVE
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	RICHMOND, IN 47374

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

THOMAS E. SCHMITT

05/01/96

(317) 962-6655

Daytime Phone

CR2E034 (12/95)