FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:21

DOCUMENT # **P27786** **(3)**

1. Corporation Name
FLORIMEX USA, INC.

Principal Place of Business	Mailing Address
512 BRIDGE STREET DANVILLE VA 24541-1451	512 BRIDGE STREET DANVILLE VA 24541-1451

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/18/1990**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business — 21 — Suite, Apt. #, etc — 22 — City & State — 23 — Zip — 24 — Country — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: **54-1432320** ☐ 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

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
84 City **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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, DWIGHT	12 NAME		
STREET ADDRESS	512 BRIDGE STREET	13 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	HUNNICUTT, JOHN O., III	22 NAME		
STREET ADDRESS	512 BRIDGE STREET	23 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SCHWIEGERSHAUSEN, BENNO	32 NAME	BOND, RITCHIE L.	
STREET ADDRESS	512 BRIDGE STREET	33 STREET ADDRESS	512 BRIDGE STREET	
CITY-ST-ZIP	DANVILLE VA	34 CITY-ST-ZIP	DANVILLE VA 24541	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FAUCETT, THOMAS H.	42 NAME		
STREET ADDRESS	512 BRIDGE STREET	43 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA	44 CITY-ST-ZIP		
TITLE	AVAT	51 TITLE		☐ Change ☐ Addition
NAME	COOLEY, JAMES A	52 NAME		
STREET ADDRESS	512 BRIDGE STREET	53 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OWEN, CLAUDE B	62 NAME		
STREET ADDRESS	512 BRIDGE ST	63 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA	64 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)(i), 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: _____ John O. Hunnicutt, III 3-20-95 (804) 791-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466103 FN