

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 # P27786 (3)

1. Corporation Name

FLORIMEX USA, INC.

Principal Place of Business

**512 BRIDGE STREET
DANVILLE VA 24541-1451**

Mailing Address

**512 BRIDGE STREET
DANVILLE VA 24541-1451**



3. Date Incorporated or Qualified
01/18/1990

3a. Date of Last Report
03/28/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FERGUSON, DWIGHT | |
| STREET ADDRESS | 512 BRIDGE STREET | |
| CITY-ST-ZIP | DANVILLE VA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HUNNICUTT, JOHN O., III | |
| STREET ADDRESS | 512 BRIDGE STREET | |
| CITY-ST-ZIP | DANVILLE VA | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BOND, RITCHIE L. | |
| STREET ADDRESS | 512 BRIDGE STREET | |
| CITY-ST-ZIP | DANVILLE VA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FAUCETT, THOMAS H. | |
| STREET ADDRESS | 512 BRIDGE STREET | |
| CITY-ST-ZIP | DANVILLE VA | |
| TITLE | AVAT | <input type="checkbox"/> DELETE |
| NAME | COOLEY, JAMES A | |
| STREET ADDRESS | 512 BRIDGE STREET | |
| CITY-ST-ZIP | DANVILLE VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OWEN, CLAUDE B | |
| STREET ADDRESS | 512 BRIDGE ST | |
| CITY-ST-ZIP | DANVILLE VA | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 804-7916751
Date Daytime Phone #

CR2E034 (12/95)