

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000028465 (1)**

1. Corporation Name
NORCON ADMIXTURE, INC.



Principal Place of Business: **2262 NORTH U.S. HWY. ONE FORT PIERCE FL 34946**
Mailing Address: **2262 NORTH U.S. HWY. ONE FORT PIERCE FL 34946**

3. Date Incorporated or Qualified: **04/19/1993**
3a. Date of Last Report: **01/24/1995**
4. FET Number: **65-0424926**
Applied For: 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: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent: **WOLSIEFER, JOHN SR. 2262 NORTH U.S. HIGHWAY ONE FORT PIERCE FL 34949**
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 607.0607 and 607.1509, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0609, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| 11. NAME | D SIMS, ARDEN <input type="checkbox"/> DELETE | 11. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. STREET ADDRESS | 6450 ROCKSIDE WOODS SOUTH CLEVELAND OH 44131 | 12. STREET ADDRESS | |
| 13. CITY, STATE, ZIP | T LALLEY, JOHN <input type="checkbox"/> DELETE | 13. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | 6450 ROCKSIDE WOODS SOUTH CLEVELAND OH 44131 | 14. NAME | |
| 15. STREET ADDRESS | DPS WOLSIEFER, JOHN SR. <input type="checkbox"/> DELETE | 15. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. CITY, STATE, ZIP | 2262 NORTH US HIGHWAY ONE FORT PIERCE FL | 16. CITY, STATE, ZIP | |
| 17. NAME | <input type="checkbox"/> DELETE | 17. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. STREET ADDRESS | | 18. STREET ADDRESS | |
| 19. CITY, STATE, ZIP | <input type="checkbox"/> DELETE | 19. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME | | 20. NAME | |
| 21. STREET ADDRESS | | 21. STREET ADDRESS | |
| 22. CITY, STATE, ZIP | <input type="checkbox"/> DELETE | 22. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23. NAME | | 23. NAME | |
| 24. STREET ADDRESS | | 24. STREET ADDRESS | |
| 25. CITY, STATE, ZIP | <input type="checkbox"/> DELETE | 25. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26. NAME | | 26. NAME | |
| 27. STREET ADDRESS | | 27. STREET ADDRESS | |
| 28. CITY, STATE, ZIP | <input type="checkbox"/> DELETE | 28. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29. NAME | | 29. NAME | |
| 30. STREET ADDRESS | | 30. STREET ADDRESS | |
| 31. CITY, STATE, ZIP | <input type="checkbox"/> DELETE | 31. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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 trustee or trust company 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 a separate block with an address.

SIGNATURE: *John Wolsiefer Sr.* **John Wolsiefer Sr.** **Jan 15, 1996** **407 468-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)