

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathwar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000009487 (7)**

1. Corporation Name
EVERY MOLD COMPANY, INC.



Principal Place of Business
**500 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

Mailing Address
**500 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.

26 Subst. 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

**EVERY, THOMAS D
500 66TH AVENUE S.
ST. PETERSBURG FL 33705**

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Created
01/31/1994

3a. Date of Last Report
04/12/1995

4. FEI Number
59-3220452

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1901, 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 607.0601, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	PS EVERY, THOMAS D 500 66TH AVENUE SOUTH ST. PETERSBURG FL 33705	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information prepared with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am on an attachment with an address:

SIGNATURE:

Thomas D. Every
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

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