

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045920 (3)

1. Corporation Name

SILVAFOAM CORPORATION



Principal Place of Business

14280 CARLSON CIRCLE
TAMPA FL 33626

Mailing Address

14280 CARLSON CIRCLE
TAMPA FL 33626

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3290119

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

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P
101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

81 Name

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

2909 Bay To Bay Blvd.

83

SUITE 309

84

City TAMPA

FL

85 Zip Code

33629

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 that of officer

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVIS, RICHARD C
STREET ADDRESS 3384 TARPON WOODS BLVD
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME SAUEY, DONALD P
STREET ADDRESS 9390 OLD SOUTHWICK PASS
CITY-ST-ZIP ALPHARETTA GA

TITLE ☐ DELETE

NAME RAYSEY, MAYNARD 111
STREET ADDRESS 903 GOLFVIEW LANE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME SD DOMIN, TERRENCE
STREET ADDRESS 5 REVERE DR., STE. 200
CITY-ST-ZIP NORTHBROOK IL

TITLE ☐ DELETE

NAME AYERS, GREGORY S
STREET ADDRESS 3113 W SAN CARLOS ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14280 CARLSON CIRCLE
TAMPA FL 33626

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 as an attachment with an address.

SIGNATURE:

G.S. Ayers G.S. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (801) 322 1554

Date

Day/Year Phone #

CR2E034 (12/95)