

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

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 33626-3001**



3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1996

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

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
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA FL 33629**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, RICHARD C	
STREET ADDRESS	14280 CARLSON CIRCLE	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAUEY, DONALD P	
STREET ADDRESS	9390 OLD SOUTHWICK PASS	
CITY- ST- ZIP	ALPHARETTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAYSEY, MAYNARD 111	
STREET ADDRESS	903 GOLFVIEW LANE	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOMIN, TERENCE	
STREET ADDRESS	5 REVERE DR., STE. 200	
CITY- ST- ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AYERS, GREGORY S	
STREET ADDRESS	3113 W SAN CARLOS ST	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

RICHARD C. DAVIS

4/15/97

(813) 855-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)