

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 # **P94000058747 (4)**

1. Corporation Name

AMERICAN FIREPROOFING, INC.



Principal Place of Business

**4125 SW MARTIN HIGHWAY
5
PALM CITY FL 34990
US**

Mailing Address

**P.O. BOX 590
PALM CITY FL 34990
US**

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **same**

26 **same**

4. FEI Number

65-0517922

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

**FOGT, THOMAS A
700 COLORADO AVENUE
STUART FL 34994**

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 607.002 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 change of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Jennifer A. G. DiTommaso Admin. Asst. 2/8/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DUMONT, JOHN**
STREET ADDRESS **1933 N.E. ACAPULCO DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CUDDY, MICHAEL A**
STREET ADDRESS **P.O. BOX 30485 N/A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

61 TITLE ☐ Change ☐ 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)(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, checked, or on an attachment with an address.

SIGNATURE:

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

Jennifer A. G. DiTommaso Admin. Asst. 2/8/96

Date

Daytime Phone #

CR2E034 (12/95)