

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

57 APR 95 PM 2:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087068 (0)**

1. Corporation Name

CROSS COUNTRY PIPE & RAIL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1990 SEWARD AVE
NAPLES FL 33942**
Mailing Address: **1990 SEWARD AVE.
NAPLES FL 33942**

3. Date Incorporated or Qualified 11/30/1994		3a. Date of Last Report	
4. FEI Number 06-0636902		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	
7. This Corporation has not filed for bankruptcy under Chapter 11 of the Florida Statutes ☒ Yes ☐ No			

2. Principal Place of Business	2a. Mailing Address
21. Street Apt. # etc.	26. Street Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Name	25. Title
29. Name	30. Title

9. Name and Address of Current Registered Agent

**LOCKER, JOSEPH R JR.
2150 GOODLETTE RD.
6TH FLOOR
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	Margaret M. Kelly		
82. Street Address (P.O. Box Number is Not Acceptable)	1990 Seward Ave, Suite 200		
83. City	Naples	84. FL	85. Zip Code 33942

11. Pursuant to the provisions of Sections 607.0102 and 607.1108, 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, Sections 607.0102, Florida Statutes.

SIGNATURE: *Margaret M. Kelly* **Margaret M. Kelly, Pres** **4/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1. NAME	1. OFFICE	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	2. OFFICE ADDRESS	2. NAME	☐ Change ☐ Addition
3. CITY	3. OFFICE CITY	3. NAME	☐ Change ☐ Addition
4. NAME	4. OFFICE	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	5. OFFICE ADDRESS	5. NAME	☐ Change ☐ Addition
6. CITY	6. OFFICE CITY	6. NAME	☐ Change ☐ Addition
7. NAME	7. OFFICE	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	8. OFFICE ADDRESS	8. NAME	☐ Change ☐ Addition
9. CITY	9. OFFICE CITY	9. NAME	☐ Change ☐ Addition
10. NAME	10. OFFICE	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	11. OFFICE ADDRESS	11. NAME	☐ Change ☐ Addition
12. CITY	12. OFFICE CITY	12. NAME	☐ Change ☐ Addition
13. NAME	13. OFFICE	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	14. OFFICE ADDRESS	14. NAME	☐ Change ☐ Addition
15. CITY	15. OFFICE CITY	15. NAME	☐ Change ☐ Addition
16. NAME	16. OFFICE	16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	17. OFFICE ADDRESS	17. NAME	☐ Change ☐ Addition
18. CITY	18. OFFICE CITY	18. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0102, Florida Statutes. I further certify that the information is correct as the annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if it were made under oath. That I am an officer or director of this corporation or the manager or person empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Margaret M. Kelly* **Margaret M. Kelly, Pres** **4/25/95** **813 594-5000**

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

APPROVED
AND
FILED

APR 23 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087418 (7)**

1. Corporation Name:

KORAL MANUFACTURING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **13850 WILDWOOD DR. LARGO FL 34644**
Mailing Address: **13850 WILDWOOD DR. LARGO FL 34644**

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report:

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FFL Number: **59-3284076**
Applied For: ☐ Not Applicable

State App # etc: **22** Suite Apt # etc: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

County: **24** County: **25** Zip: **29** Country: **30**

8. Does corporation file safety for information fee under ch. 133.052, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKOVIK, STEVEN
13850 WILDWOOD DR.
LARGO FL 34644**

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 607.0402 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0405, Florida Statutes.

SIGNATURE

(Signature of person appointed as registered agent in this jurisdiction)

(Signature of person appointed as new registered agent)

Date:

12. OFFICERS AND DIRECTORS 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: P/V BARKOVIK, STEVEN	12.2 STREET ADDRESS: 13850 WILDWOOD DR LARGO FL 34644	13.1 NAME:	☐ Change ☐ Addition
12.3 NAME: T/S BARKOVIK, MARLA	12.4 STREET ADDRESS: 13850 WILDWOOD DR LARGO FL 34644	13.2 NAME:	☐ Change ☐ Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	☐ Change ☐ Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	☐ Change ☐ Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	☐ Change ☐ Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 NAME:	☐ Change ☐ Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	☐ Change ☐ Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 NAME:	☐ Change ☐ Addition
12.17 NAME:	12.18 STREET ADDRESS:	13.9 NAME:	☐ Change ☐ Addition
12.19 NAME:	12.20 STREET ADDRESS:	13.10 NAME:	☐ Change ☐ Addition

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.051, Florida Statutes. I further certify that the information is included on the annual report of a governmental or non-governmental corporation, trust, or partnership, and that my signature and name are included on the report. I am an officer or director of the corporation or the trustee or partner of the partnership, and I am familiar with and accept the obligations of Sections 607.0405, Florida Statutes, and that my name appears on Block 13 of this report. I am an attorney or an agent of the corporation or partnership.

SIGNATURE: *Steven Barkovik* **STEVEN BARKOVIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 **813 582-4996**