

**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 # **P95000061556 (3)**

1. Corporation Name

**GENERAL MOLDING CORPORATION**



Principal Place of Business

**1708 ST. LUCIE COURT  
FT. PIERCE FL 34999**

Mailing Address

**1708 ST. LUCIE COURT  
FT. PIERCE FL 34999**

3. Date Incorporated or Qualified  
**08/09/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **705 S. Market Ave**

26 **PO Box 12459**

4. FEI Number

**05-0601917**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

28 City & State

**Ft. Pierce, FL**

**Ft. Pierce, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**34982**

**St Lucie**

**34979**

**St. Lucie**

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

**GLOAD, RICHARD A  
1074 NORTH WEST 18TH PLACE  
STUART FL 34994**

81 Name

**Lisa Fasnacht**

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

**1708 St Lucie Ct**

83

84 City

**St. Pierce**

85 State

86 Zip Code

**FL 34949**

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

*Lisa Fasnacht*

Signature, typed or printed name of registered agent of the corporation

Signature, typed or printed name of new registered agent

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLOAD, RICHARD A</b>	
STREET ADDRESS	<b>1708 ST. LUCIE COURT</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34999</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 on an attachment with an address.

SIGNATURE:

*Lisa Fasnacht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE:

DATE/TIME/PHONE #

CR2E034 (12/95)