

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 # P95000062135 (5)

1. Corporation Name
FLOMAN, INC.



Principal Place of Business

**2320 NE 2ND STREET
SUITE 4
OCALA FL 34470**

Mailing Address

**2320 NE 2ND STREET
SUITE 4
OCALA FL 34470**

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
First Report

2. Principal Place of Business

21 **17656 Island Inlet Ct**

2a. Mailing Address

26 **17656 Island Inlet Ct**

4. FEI Number
59-3331374

Applied For
☐ Not Applicable

22 City & State

23 **Fort Myers, FL**

27 City & State

28 **Fort Myers, FL**

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

24 **33908**

25 Country

29 **33908**

30 Country

9. Name and Address of Current Registered Agent

**MOXLEY, JOHN
2320 NE 2ND STREET
SUITE 4
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name **Janet M Walters**
82 Street Address (P.O. Box Number is Not Acceptable)
17656 Island Inlet Ct
83
84 City **Fort Myers** **FL** 85 Zip Code **33908**

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 607.0503, Florida Statutes.

SIGNATURE **x Janet Walters - Janet Walters - Secy.**

x 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, DALE E	
STREET ADDRESS	2063 KINGSPORTE	
CITY-STATE-ZIP	ST. LOUIS MO 63005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, JANET W	
STREET ADDRESS	2063 KINGSPORTE	
CITY-STATE-ZIP	ST. LOUIS MO 63005	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	17656 Island Inlet Ct
1.4 CITY-STATE-ZIP	Fort Myers, FL 33908
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walters, Janet M
2.3 STREET ADDRESS	17656 Island Inlet Ct
2.4 CITY-STATE-ZIP	Fort Myers, FL 33908
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: **x Janet Walters - Janet Walters - Secy. 1/30/96-944-437-0416**

CR2E034 (12/95)