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

Mailing Address

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000096116 (5)

VOLCANO INDUSTRIES, INC.

Principal Place of Business

TITLE NAME

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

14775 PINE DR LARGO FL 3464		14775 PINE DRIVE LARGO FL 33774-3726				
				12/18/1995	3a. Date of Last Report 02/29/1996	
2. Principal P 21 2/4	lace of Business /ST: STREET	2a. Mailing Address 26 P.O. Bo	ox 619	4. FEI Number 59-3366	491 Applied For Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 IND	AN ROCKS BEACH,	City & State	·s	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 337	185 Country PINELLAS	7m 3ラフタン	Gountry 30 MACUAS	8. This corporation has liability for inta Florida Statutes		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
	30 FL 34644	ppd 607 1408 Elwida Stalute		4 IST. STREET DIAN ROCKS BEACH paration submits this statement for the pure		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the state	f Florida. Such change was a ons of, Section 607.0505, Flo	athorized by the corporati	ion's board of directors. I hereby accept t	he appointment as registered	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.4 101.6		Change Addition	
NAME	FICK, GEORGE L		1.P. NAME			
STREET ADDRESS CITY-ST-ZIP	14775 PINE DRIVE LARGO FL 34644			14 IST. STREET WD19N ROCKS BEAC	H,FL. 33785	
TITLE NAME	D NEW, BRUCE W	☐ DELETE	24 THLE 22 NAME		Change Addition	
STREET ADDRESS	214 1ST AVENUE Indian Rocks Beach et 3364	5	2.B STREET ADDRESS	ILL IST STREET NDIAN POLKS RIPACI	# El 22785	

31 THE

3.P NAME

4.1 11116

4. 2 NAME

5 P NAME

6.4 TITLE 6.P NAME 6.B STREET ADDRESS

3.B STREET ADDRESS

4.8 STREET ADDRESS

5.B STREET ADDRESS

5.4 C(1Y - S1 - Z(P

4.4 CITY - ST - 7IP

3.4. C(1Y - S1 - Z(P

DELFTE

DELETE

DELETE

DELETE

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the composition of 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 1

FILED

May 02 1997 8:00am

Secretary of State

Change

Change

Change

Addition

___ Addit:on

Addition

Addition