

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90019 017 ***150.00

DOCUMENT # P97000016080

1. Corporation Name

UNIFIX USA, INCORPORATED

Principal Place of Business

REYNOLDS INDUSTRIAL PARK
1767 WILDWOOD ROAD
GREEN COVE SPRINGS FL 32043

Mailing Address

REYNOLDS INDUSTRIAL PARK
1767 WILDWOOD ROAD
GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

65-0768478

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BILODEAU, ANDRE
REYNOLDS INDUSTRIAL PARK
1767 WILDWOOD ROAD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81. Name

Odom, Robert P.

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

1767 Wildwood Road

83.

84. City

Green Cove Springs

FL

85. Zip Code

32043

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BILODEAU, ANDRE	
STREET ADDRESS	35 RUE UNIFIX	
CITY-ST-ZIP	BROMONT QU J2L1N	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BEAUDOIN, ELAINE	
STREET ADDRESS	35 RUE UNIFIX	
CITY-ST-ZIP	BROMOUT QUEBEC CA J2L1N	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MARIE-JOBEE, CABANA	
STREET ADDRESS	35 RUE UNIFIX	
CITY-ST-ZIP	BROMONT QUEBEC CA J2L1N	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Autino O. Maraia	
1.3 STREET ADDRESS	44 Fairway Ridge	
1.4 CITY-ST-ZIP	Lake Wylie, SC 29710	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert P. Odom	
2.3 STREET ADDRESS	2330 Hartmill CT.	
2.4 CITY-ST-ZIP	Charlotte, NC 28226	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Samuel A. Schiffman	
3.3 STREET ADDRESS	3138 Shillington Place	
3.4 CITY-ST-ZIP	Charlotte, NC 28210	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William D. Parmelee	
4.3 STREET ADDRESS	8232 Green Castle Dr.	
4.4 CITY-ST-ZIP	Charlotte, NC 28210	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carol P. Lowe	
5.3 STREET ADDRESS	4311 Beulah Church Rd.	
5.4 CITY-ST-ZIP	Matthews, NC 28105	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Miller	
6.3 STREET ADDRESS	1644 Myers Park Drive	
6.4 CITY-ST-ZIP	Charlotte, NC 28207	

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)