

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S08807** (7)

1. Corporation Name
FLORIDA SPILL RESPONSE CORPORATION



Principal Place of Business: **605 TOWNSEND ROAD COCOA FL 32926**
Mailing Address: **605 TOWNSEND ROAD COCOA FL 32926**

3. Date Incorporated or Qualified: **10/15/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. F.E.I. Number	Applied For
21	26	59-3040622	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**KOJU, MARTIN S.
605 TOWNSEND RD.
COCOA FL 32926**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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: _____ DATE: _____
Signature typed or printed name of registered agent and filer if applicable. (Note: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOJU, MARTIN S.	12. NAME	
STREET ADDRESS	5100 DALEHURST DR.	13. STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	14. CITY-ST-ZIP	
TITLE	DVS	2. TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLESTAD, JOHN P.	22. NAME	
STREET ADDRESS	713 CRISTINA	23. STREET ADDRESS	
CITY-ST-ZIP	INCLINE VILLAGE NV	24. CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PATSY L.	32. NAME	
STREET ADDRESS	605 TOWNSEND RD.	33. STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	34. CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, ROBERT W.	42. NAME	
STREET ADDRESS	605 TOWNSEND RD.	43. STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	44. CITY-ST-ZIP	
TITLE	V	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESKETH, JAMES W.	52. NAME	
STREET ADDRESS	605 TOWNSEND RD.	53. STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: Martin S. Koju **MARTIN S. KOJU** 4/26/96 407 631-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Registered Office #

CR2E034 (12/95)