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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PH 3:28

DOCUMENT # S55785

(7)

1. Corporation Name

BOCAL CORPORATION

Principal Place of Business

Mailing Address

P. O. BOX 342
REINHOLDS PA 17569

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REINHOLDS PA 17569

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1991

3a. Date of Last Report

02/10/1994

4. FEI Number

59-3066864

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACKS, CATHY L.
7017 CYPRESS BRIDGE DRIVE NO.
POINTE VEDRA BCH FL 32082

01 Name

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

03

04 City

FL

05 Zip Code

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 required for principal officer or registered agent and this if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP
SACKS, CATHY L.
7017 CYPRESS BRIDGE NO.
POINTE VEDRA BCH FL

11 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE

DV
SACKS, ROBERT W.
7017 CYPRESS BRIDGE NO.
POINTE VEDRA BCH FL

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE

DT
NASS, ROBERT A.
125 LAUREL RIDGE RD.
REINHOLDS PA

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE

S
LINKUTIS, AMBER
C/O PIONEER LODGE
CUMBERLAND BAY NB

41 TITLE

☒ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE

NAME

51 TITLE

☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE

NAME

61 TITLE

☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my appointment 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 addendum with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Sacks, Vice President

2/10/95 60472554146