

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 # **S67615** (2)

1. Corporation Name

UNI-FLANGE HOLDINGS, INC.



Principal Place of Business

Mailing Address

**UNIFLANGE HOLDINGS INC.
POST OFFICE BOX 6739
JACKSONVILLE FL 32236**

**UNIFLANGE HOLDINGS INC.
POST OFFICE BOX 6739
JACKSONVILLE FL 32236**

2. Principal Place of Business

21 775 Manchester Ave.

Suite, Apt. #, etc.

22

City & State

23 Wabash, Indiana

Zip

24 46992

Country

25 USA

2a. Mailing Address

26 P.O. Box 443

Suite, Apt. #, etc.

27

City & State

28 Wabash, Indiana

Zip

29 46992

Country

30 USA

3. Date Incorporated or Qualified

07/19/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3077339

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

9. Name and Address of Current Registered Agent

**GRAY, PATRICK H.
4205 HARBOURWOODS RD. W.
SUITE 390
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

Mark Weden

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

1122 Salt Creek Drive

83

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agree to the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark Weden

Mark Weden

April 26, 1996

Signature of person printing name of registered agent and title if applicable.

(NOTE: Registered Agent signature required w/ on reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP GRAY, PATRICK H.**
STREET ADDRESS **4205 HARBOURWOODS RD W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **DST FORD, STEVEN R**
STREET ADDRESS **775 MANCHESTER AVE.**
CITY-ST-ZIP **WABASH IN**

TITLE ☐ DELETE
NAME **D AGNESS, TERRY**
STREET ADDRESS **775 MANCHESTER AVE.**
CITY-ST-ZIP **WABASH IN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Steven R. Ford

Steven R. Ford

Secy-Treas

April 26, 1996 219-563-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)