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

PROFIT CORPORATION ANNUAL REPORT



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

199	1996					
DOCUMEN	1 T	#				

1. Corporation Name

V09362

(7)

AL DI	JBOIS INDUSTRIES, INC.								
Principal Place	of Business	Mailing Address				- I IONAL DELDEL ODLINE FOLIDO AFACAD DIL	IIU FIUI UFBIA UI		INIA NIRIA NININ ANNI
p o box 1 Shady Hill Spring Hil Us		P O BOX 11046 Shady Hills RD Spring Hill Fl 346 US	\$1 0			Date Incorporated or Qualified 01/24/1992	3a. Date	of Last f	•
2. Principal Pla	on of Business	2a. Mailing Address				4. FEI Number	l	NIM	Applied For
2. PARICIPAL FIA	ce or business	26				59-3102856		<u> </u>	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		4	5 Additional Required
City & State		City & State	- 1 -		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i		x under s	s 199.032,
24	25	29	30	, ···		Florida Statutes Yes 10. Name and Address of New R		lant	
.	9. Name and Address of Currer	it Hegistered Agent		81	Name	10. Name and Address of New A	eðisteren i	- Agerii	
D) IDOI	C 41								
DUBOI 662 EL				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	ON FL 34667			83					
				84	City			85 2	ip Code
·····							FL		
 Pursuant to or registere 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	2 and 607.1508, Florida Statut da. Such change was authoriz	es, the abo ed by the o	orpa	iamed corpora oration's board	ition submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	nging its registere	registered office id agent. I am
familiar wit	h, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	3 .						
SIGNATURE _	Signature typed or printed name of registered agent	t and title if applicable (NC	TF: Bunistered		it signature required	when reinstating?	DATE		
12.		ID DIRECTORS	13.		it signature required	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	Р	☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	Dubois, al		1.2 N	AME	1				
STREET ADDRESS	P.O. BOX 11046 N/A		1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL		1.4 C	ITY-S	T-21P				
111LE	V	DEFELE	2 1 T	ITLE	}] Change	☐ Addition
NAME	WELLS, RON		22 N	AME					
STHEET ADDRESS	1110 E. CT. ST.	_	235	STREET ADDRESS					
CITY-ST-ZIP	TARON SPRINGS FL 34689 24 CITY-ST-ZIP		IT-ZIP			7.05	Control since		
TITLE	5	DELETE	3. 1 T				L] Change	Addition
NAME	JEMMY HEEN+ZEIMAN 32N SIBSOL JAYAR NA 33S SPRINS HELL FI			- ADDOCOC					
STREET ADDRESS	16521 5777	• • •	1		T ADDRESS				
CITY-ST-ZIP TITLE	7517 4	DELETE	3.4 C		iT-ZIP		······································	Change	Addition
			4.1 N						
NAME STREET ADDRESS					ADDRESS				
CITY-S1-ZIP					ST-ZIP				
TITLE		☐ DELETE	5.11					Change	Addition
NAME		-	5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			540	ITY - S	ST - 2 IP			· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6 1 1	TITLE				Change	Addition
NAME			62 N	IAME					
STREET ADDRESS			635	TREET	ADDRESS				
CITY-ST-ZIP			640	ITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	02(0)(1) Fig	7. 4.	

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 Uphane Albyred Ordanie Stricking of Signing Officer or Director 4-25-96 8/3-856-1661