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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name V72831

(3)

GENERAL	CORDAGE, INC.								
rincipal Place of E	Business	Mailing Address				1 15511 211211 14512 1121 12144 III.			
5904 ADAMO DRIVE 5904 ADAMO DRIVE TAMPA FL 33619 TAMPA FL 33619									
IAMPA PL 30019						3. Date Incorporated or Qualified 3a. Date of Last Report			
						10/16/1992		14/26/1995 14/26/1995	pplied For
. Principal Place	of Business	2a. Mailing Address			4	69-1511205		<u> </u>	ot Applicable
1		26				- \ 2-1			Additional
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5	. Certificate of Status Desired		Fee P	lequired
City & State		City & State			6	. Election Campaign Financing			May Be
Oily & State		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip	Cou	ntry	8). This corporation has liability for Florida Statutes X Ye	r intangible s 🔲 No	tax under s	199.032,
	25	29	30			Name and Address of New		d Agent	
	9. Name and Address of Curren	I Redistated water		81 Name					
COLLON MA	ALLACE I			82 Street	Address (P.O. Box Number is Not Accepta	able)		
ESLICK, WALLACE L. 5904 ADAMO DRIVE				95 20 eac vo		<u> </u>			
TAMPA FL				83					
,, ,				84 City		, , , , , , , , , , , , , , , , , , , ,	F	85 Zx	Code
or registered familiar with,	dagent, or both, in the State of Flori and accept the obligations of, Sect	ida. Such change was authorization 607.0505, Florida Statutes	zed by the s.	corporation's	board of	submits this statement for the p directors. I hereby accept the ap	•		
tamılar willi.	gnature, typed or printed name of registered agen	rrand title if applicable. (No	OTE: Ragistere	corporation's		o renstation	DATE		
SIGNATURE Sig	gnature, typed or portled name of registered agen OFFICERS AN	Mand title if applicable. IN	OTE: Ragistere				DATE		
SIGNATURE Sig	gnature, typed or profiled name of registered agen OFFICERS AN	rrand title if applicable. (No	OTE: Registere	d Agent signature		o renstation	DATE	ND DIRECTO	48 W 12
SIGNATURE Signature	gnature, typed or profiled name of registered agen- OFFICERS AN P ESLICK, WALLACE L	Mand title if applicable. IN	OTE: Registere 13. 1 1 1.21	d Agent signature		o renstation	DATE	ND DIRECTO	48 W 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 25 March 96

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