E NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT RPORATION NNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72831

(3)

GENERAL CORDAGE, INC.

1997

Principal Place of Business Mailing Address									
5904 ADAMO DRIVE TAMPA FL 33619		5904 ADAMO DRIVE TAMPA FL 33619-3246	5904 ADAMO DRIVE						
						3. Date incorporated or Qualified 10/16/1992		ate of Last I 20/1996	Report
2. Principal F	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number			opplied For
21		26	· · · · · · · · · · · · · · · · · · ·			61-1511205 62-1	<u> 51120</u>	<u>5 N</u>	lot Applicable
Suile, Apt.	#, etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State	28			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Coun	itry		8. This corporation has liability for	r intangible Kryes [s. 199.032,
24	25 9. Name and Address of Curre	29 Agent	30			Florida Statutes 10. Name and Address of New R			A
ESLICK, WALLACE L.					Name				
5904 ADAMO DRIVE				B2	Street Add	ress (P.O. Box Number is Not Accepta	ible)		W
TAM	IPA FL 33619		7	83				····	***************************************
			1	84	City		FL	85 Zip	Code
agent 12	am familiar with, and accept the oblig stomatic typed of puriod name of registered a	gations of, Section 607.0505, I	-Iorida Statu DTE: Registered	лes). 200	tion's board of directors. I hereby access Indicates the state of the	DATE	······································	
TITLE	OFFICERS AF	AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	AS IN 12
NAME	ESLICK, WALLACE L			1.1 TITLE 1.2 NAME				☐ Change	☐ Addition
STREET ADDRESS	P.O. BOX 768 N/A		1	-	ADDRESS	÷			
CHTY ST-ZIP	VALRICO FL 33594		1.4 City						
THE	V	42 65 50		2 1 TITLE				Change	Addition
NAME	WRIGHT, WILLIAM K		22 NAN	Æ.	S	SLICK, RITA G			# Placement
STREET ADDRESS	P.O. BOX 768 N/A VALRICO FL 33594		23 STR	EET	ADDRESS DP) BOX 5047	14	/#	#
CITY - ST - ZIP	SH SH	DELETE	2. 4 CIT		T-ZIP Y	OR CITY, FL. 33675			1
NAME:	VASCONCELLOS, JOAO	L'1 OFFEIE	3.1 TITU			-		Change	☐ Addition
STREET ADDRESS	AV. LIBERDADE		3.2 NAM		ADDRESS				į
City - St - ZiP	BAYEUX PB 58305		3.4. CITY						
TITLE		☐ DELETE	4.1 Trill		1-24		·	Change	Addition
NAME			4. 2 NAN	AE.	.]			1/	A POUGION
STREET ADDRESS					NDDRESS		41.	l/15/	19/9/1
City ST-20 Title		D BP: FT	4.4 C/TY		-ZIP			1/1/	11/18
NAME		☐ DELETE	5.1 TIYLE				16	Change	Addition
STREET ADDRESS			5.2 NAM						
CITY - S1 - Zep			5.3 STRE		J				
TITLE	,	DELETE	5.4 CITY	- 51 -	· ZIP			····	

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that appears in Block 12 or Block 13 if changed, or on an attachment with an address

63 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

DELETE

813-620-1186

Change

Addition

FILED

May 19 1997 8:00am

Secretary of State