

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90118 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V72831**

1. Corporation Name  
**GENERAL CORDAGE, INC.**

Principal Place of Business  
**5904 ADAMO DRIVE  
 TAMPA FL 33619**

Mailing Address  
**5904 ADAMO DRIVE  
 TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/16/1992**

2. Principal Place of Business

21 **8265 Causeway Blvd.**

2a. Mailing Address

26 **8265 Causeway Blvd**

4. FEI Number  
**62-1511205**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

22 **Suite "C"**

Suite, Apt. #, etc.

27 **Suite "C"**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

23 **TAMPA FLA**

City & State

28 **TAMPA FLA**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country

24 **33619** 25 **USA**

Zip Country

29 **33619** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**ESLICK, WALLACE L.  
 5904 ADAMO DRIVE  
 TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name **Wallace L. Eslick**  
 82 Street Address (P.O. Box Number is Not Acceptable) **8265 Causeway Blvd**  
 83 **Suite "C"**  
 84 City **Tampa** FL 85 Zip Code **33619**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>ESLICK, WALLACE L</b>	
STREET ADDRESS	<b>P.O. BOX 768 N/A</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>ESLICK, RITA G</b>	
STREET ADDRESS	<b>PO BOX 5047</b>	
CITY-ST-ZIP	<b>YBOR CITY FL 33675</b>	
TITLE	SH	<input checked="" type="checkbox"/> DELETE
NAME	<b>VASCONCELLOS, JOAO</b>	
STREET ADDRESS	<b>AV. LIBERDADE</b>	
CITY-ST-ZIP	<b>BAYEUX PB 58305</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wallace L. Eslick</b>	
1.3 STREET ADDRESS	<b>8265 Causeway Blvd Suite "C"</b>	
1.4 CITY-ST-ZIP	<b>Tampa FLA 33619</b>	
2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rita G. Eslick</b>	
2.3 STREET ADDRESS	<b>PO BOX 3722</b>	
2.4 CITY-ST-ZIP	<b>Brandon, FLA 33509</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE: **Wallace L. Eslick**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 Jan 99

813-620-1186  
 Daytime Phone #

CR2E034 (11/98)