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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(4)

	Dustries, I	INC.											
Principal Place of Business Mailing Address SUMMIT & NORFOLK ST PO BOX 25609 PO BOX 25609						îT							
RICHMOND V	/A 23260			RICHMOND VA 232	60			-3	Date Incorporated or Qualified 06/04/1975	3a. I	Date of Last F 03/30/19		
2. Principal Pla	ace of Business		2a.	. Mailing Address					I. FEI Number		↓ —↓	Applied For	
4			26						59-0459054			Not Applicable 5 Additional	
Suite, Apt. #	t, etc.			Suite, Apt. #, etc.				1	 Certificate of Status Desired 			Required	
City & State			27	City & State	****				3. Election Campaign Financing		\$5.0	0 May Be	
23			28						Trust Fund Contribution			ed to Fees	
Zip		Country		Zip	}	iuntry			3. This corporation has liability for	or intangib os 🔲 N	ole tax under s	s 199.032,	
24	25		29		30	T			Florida Statutes				
	9. Name and	Address of Currer	nt Regis	stered Agent		81	Name		U. Haite and Addiose of their	7,10			
OT COD	NODATION CV	CTEM				82			P.O. Box Number is Not Accept	able)			
	RPORATION SY PINE ISLAND						Street	Address	P.O. Box Number is not Accept	aulej			
	TION FL 3332					83							
LENITA	(110)1112 0002	7				84	City				85 Z	Zip Code	
						1	'		n submits this statement for the directors. I hereby accept the a		FL	·	
CICNIATUIDE								_	directors. I hereby accept the a			P	
	Signature, typero or prin	ted nan c of registered agen			(NOTE: Register		nt signature	required whe	ADDITIONS/CHANGES TO C	FFICERS		ORS IN 12	
12.		Ted name of registered agen OFFICERS AN		CTORS	13		nt signature	required whe	ADDITIONS/CHANGES TO C		AND DIRECT	ORS IN 12	
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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 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 certify that I am an officer or director of the corporation or the receiver or trueteo 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/86 804 342-6715 Dayline Price +