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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:23

DOCUMENT # 304426 (0)

1. Corporation Name
TAMPA G MANUFACTURING CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 1115 TWIGGS STREET<br>TAMPA FL 33602 | 1115 TWIGGS STREET<br>TAMPA FL 33602 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1966
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 59-1116654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARDWICK, KELLY B. III
140 EAST SUMMERLIN ST.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHOWLATER, JERRY M. | 1.2 NAME | |
| STREET ADDRESS | 215 LADUE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MET. CARMEL IL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | LITHERLAND, JAMES E. | 2.2 NAME | |
| STREET ADDRESS | KIEFFER AVE. | 2.3 STREET ADDRESS | omit |
| CITY-ST-ZIP | MT. CARMEL IL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | FOWLER, JACK | 3.2 NAME | |
| STREET ADDRESS | 220 LADUE DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MT. CARMEL IL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TEDFORD, LAWRENCE | 4.2 NAME | |
| STREET ADDRESS | 101 BONA TERRA | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MT. CARMEL IL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | FRY, JAMES | 5.2 NAME | |
| STREET ADDRESS | SUGAR CREEK ESTATES | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MT. CARMEL IL | 5.4 CITY-ST-ZIP | |
| TITLE | VPD | 6.1 TITLE | ☑ Change ☐ Addition |
| NAME | WHITE, H. D. | 6.2 NAME | |
| STREET ADDRESS | MISKELL RD. | 6.3 STREET ADDRESS | omit |
| CITY-ST-ZIP | MT. CARMEL IL | 6.4 CITY-ST-ZIP | |

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: Jerry M. Showalter Feb. 8, 1995 813 229-1559
Title Daytime Phone #