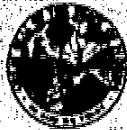


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
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

1115 TWOOGS STREET
TAMPA FL 33602

Mailing Address

1115 TWOOGS STREET
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

4. FEI Number

59-1118654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHOWLATER, JERRY M.
STREET ADDRESS	215 LADUE DRIVE
CITY - ST - ZIP	MET. CARMEL IL
TITLE	VPD
NAME	LITHERLAND, JAMES E.
STREET ADDRESS	KIEFFER AVE
CITY - ST - ZIP	MT. CARMEL IL
TITLE	SD
NAME	FOWLER, JACK
STREET ADDRESS	220 LADUE DRIVE
CITY - ST - ZIP	MT. CARMEL IL
TITLE	TD
NAME	TEDFORD, LAWRENCE
STREET ADDRESS	101 BONA TERRA
CITY - ST - ZIP	MT. CARMEL IL
TITLE	VPD
NAME	FRY, JAMES
STREET ADDRESS	SUGAR CREEK ESTATES
CITY - ST - ZIP	MT. CARMEL IL
TITLE	VPD
NAME	WHITE, H.D.
STREET ADDRESS	MISKELL RD.
CITY - ST - ZIP	MT. CARMEL IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	omit
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	omit
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 only officer 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. Showlater

Feb 8, 1995

813

229-1559