FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **304426** **(0)**

1. Corporation Name

TAMPA G MANUFACTURING CO.

Principal Place of Business	Mailing Address
1115 TWIGGS STREET **TAMPA FL 33602**	**1115 TWIGGS STREET** **TAMPA FL 33602**

3. Date Incorporated or Qualified: **04/22/1966**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-1118854** ☐ 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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	☐ DELETE	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	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, JACK		2.2 NAME		
STREET ADDRESS	220 LADUE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. CARMEL IL		2.4 CITY, ST, ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TEDFORD, LAWRENCE		3.2 NAME		
STREET ADDRESS	101 BONA TERRA		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. CARMEL IL		3.4 CITY, ST, ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRY, JAMES		4.2 NAME		
STREET ADDRESS	SUGAR CREEK ESTATES		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT. CARMEL IL		4.4 CITY, ST, ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY, ST, ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY, ST, ZIP		

CR2E034 (12/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Jerry M Showalter 3-14-96 813 229-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number