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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 628408
1. Corporation Name

(7)

TRUE GRIT ABRASIVES, INC.



Principal Place of Business Mailing Address 4027 50TH ST. S.				z		
4027 50TH ST. 3		4027 50TH ST. S. TAMPA FL 33619				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				3. Date Incorporated or Qualified 07/02/1979	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-1922411	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 ∫ Zip	Country	7ip	Cour	try	8. This corporation has liability for	
24	25 9. Name and Address of Curren	29 Popletered Agent	30		10. Name and Address of New	
	9. Name and Address of Curren	it Hegistered Agent		31 Name	10.	
TOWE, RK	CHARD E				ress (P.O. Box Number is Not Accepta	able)
4210 WINI TAMPA FL	DING WILLOWS DR		83			
(AMI A I C	. 55024		ŀ	84 City	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	FL 85 Zip Code
an ecolotore	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such chande was audio	CERCITIVE OF C	re-named corpo orporation's boa	ration submits this statement for the p and of directors. I hereby accept the ap	iurpose of changing its registered office ipointment as registered agent. I am
SIGNATURE						
SIGNATURE	Signature, typed or primeo name of rejectored ages			A peri segent ire record	ed when tell statings	DATE ECIACOS ANO DIDECTORS IN 12
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12.	OFFICERS AN P TOWE, RICHARD E	ID DIRECTORS	13. 1 1 TI 1 2 NA	rlé Me	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	OFFICERS AND P TOWE, RICHARD E 4210 WINDING WILLOW DR	ID DIRECTORS	13. 1 1 Ti 1 2 NA 1 3 Si	ILE ME HEET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS 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 it 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 aridress

SIGNATURE: Level Line & Mann GERALDINE & MANN Dayme Prove