

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:07

DOCUMENT # **636734** (6)

1. Corporation Name  
**MID-EAST MFG., INCORPORATED**

Principal Place of Business      Mailing Address  
**7694 PROGRESS CIR**      **7694 PROGRESS CIR**  
**WEST MELBOURNE FL 32904**      **WEST MELBOURNE FL 32904**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1979**      3a. Date of Last Report: **01/21/1994**  
4. FEI Number: **59-1937039**      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      27  
23      28  
24      25      29      30

9. Name and Address of Current Registered Agent  
**KUNDRAT, STEVEN N.**  
**2817 CAMERON STREET**  
**MELBOURNE FL 32935**

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 the address of the registered agent) \_\_\_\_\_ (Typed name of registered agent and the address of the registered agent) \_\_\_\_\_ (Typed name of registered agent and the address of the registered agent)

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	KUNDRAT, STEVEN N.
STREET ADDRESS	2817 CAMERON ST.
CITY ST ZIP	MELBOURNE FL
TITLE	D
NAME	KUNDRAT, ALICE J.
STREET ADDRESS	2817 CAMERON ST.
CITY ST ZIP	MELBOURNE FL
TITLE	VD
NAME	KUNDRAT, STEVEN N., JR.
STREET ADDRESS	2817 CAMERON ST.
CITY ST ZIP	MELBOURNE FL
TITLE	VD
NAME	KUNDRAT, PHILIP T
STREET ADDRESS	401 CLUB TRAIL #9
CITY ST ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 is typed, or on an attachment with an address.

SIGNATURE: *Steven N. Kundrat*      1/5/95      407 7241477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number