

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 856608

(5)

95 MAY -1 AM 9:47

1. Corporation Name

SMITH FIBERGLASS PRODUCTS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 23965
MILWAUKEE WI 53223-0965
US

P O BOX 23965
MILWAUKEE WI 53223-0965
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

39-1103565

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 the 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 of corporation

Signature typed or printed name of registered agent and title of corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WATERS, W.V.
STREET ADDRESS	2700 W. 65TH ST.
CITY - ST - ZIP	LITTLE ROCK AR
TITLE	S
NAME	SHELLMAN, J.L.
STREET ADDRESS	11270 WEST PARK PLACE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	T
NAME	RYAN, T. W.
STREET ADDRESS	11270 WEST PARK PLACE
CITY - ST - ZIP	MILWAUKEE, WI 00000
TITLE	D
NAME	O'TOOLE, R.J.
STREET ADDRESS	11270 WEST PARK PLACE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	D
NAME	BOMBERGER, G. R.
STREET ADDRESS	11270 WEST PARK PLACE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	T
3.3 STREET ADDRESS	J. J. Kita
3.4 CITY - ST - ZIP	11270 West Park Place
	Milwaukee WI 53224
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	
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 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:

Jolene L. Shellman

Jolene L. Shellman

Secretary 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature

414-359-4460