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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F68043** **(1)**

1. Corporation Name
STANDARD INJECTION MOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
2027 STATE ROAD 64 WEST ~~21401 SW 127TH AVENUE~~ AVON PARK FL 33825 US	2027 STATE ROAD 64 WEST ~~21401 SW 127TH AVENUE~~ AVON PARK FL 33825 US

2. Principal Place of Business	2a. Mailing Address: Po Box 997	3. Date Incorporated or Qualified: 02/22/1982	3a. Date of Last Report: 04/04/1995
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-2789404	☐ Applied For ☐ Not Applicable
22	27		
City & State	City & State: Avon Park, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28		
Zip / Country	Zip: 33825 / Country: US	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 / 25	29 / 30		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ZIMMERMAN, JOSEPH E., JR
21401 SW 127TH AVENUE
AVON PARK FL 33177

10. Name and Address of New Registered Agent

81 Name: Drema J. Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable): 2027 SR 64 W
83
84 City: Avon Park FL 85 Zip Code: 33825

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: Drema J. Zimmerman DATE: 4/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ZIMMERMAN, JOSEPH E.,JR. 2027 STATE ROAD 64 WEST AVON PARK FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V President ZIMMERMAN, DREMA J. 2027 STATE ROAD 64 WEST AVON PARK FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary LARRY HENDRICKS 2027 STATE Rd 64W Avon Park Fl 33825 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 500001798485 -04/29/96--01042--019 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition

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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Drema J. Zimmerman DREMA J. ZIMMERMAN 4/8/96 941-452-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #