

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 PM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004168 (0)**

1. Corporation Name

**MANUFACTURERS SOLUTIONS, INC.**

Principal Place of Business:

Mailing Address:

PO BOX 6108  
TEMPLE TX 76503-6108

PO BOX 6108  
TEMPLE TX 76503-6108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/11/1994

4. FEI Number

74-2712420

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 in 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 Suite, Apt #, etc

26 P.O. Box 6115

22 City & State

27 City & State

24 Zip

25 Country

29 76503-6115

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

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 607.1506, 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

(Agent or Agent in Charge must sign and file a power of attorney)

(If FEI Registered Agent, signature required also on statement)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

C

2. NAME

MCLANE, DRAYTON JR

3. STREET ADDRESS

4747 MCLANE PKWY

4. CITY, ST, ZIP

TEMPLE TX 76504

1. TITLE

T

2. NAME

Kevin J. Koch

3. STREET ADDRESS

4. CITY, ST, ZIP

Change

Addition

1. TITLE

PD

2. NAME

HARDIN, JOSEPH S JR

3. STREET ADDRESS

3207 STRATFORD

4. CITY, ST, ZIP

TEMPLE TX 76502

21. TITLE

PD

22. NAME

William G. Rosier

23. STREET ADDRESS

4747 McLane Parkway

24. CITY, ST, ZIP

Temple, TX 76504

Change

Addition

1. TITLE

VTD

2. NAME

HARGER, R.D.

3. STREET ADDRESS

918 CRESCENT

4. CITY, ST, ZIP

BELTON TX 76513

31. TITLE

VD

32. NAME

33. STREET ADDRESS

4747 McLane Parkway

34. CITY, ST, ZIP

Temple, TX 76504

Change

Addition

1. TITLE

S

2. NAME

PURYEAR, MICHAEL P

3. STREET ADDRESS

1002 N. 11TH ST

4. CITY, ST, ZIP

TEMPLE TX 76501

41. TITLE

42. NAME

43. STREET ADDRESS

4747 McLane Parkway

44. CITY, ST, ZIP

Temple, TX 76504

Change

Addition

1. TITLE

AS

2. NAME

Donald R. Graves

3. STREET ADDRESS

4747 McLane Parkway

4. CITY, ST, ZIP

Temple, TX 76504

51. TITLE

52. NAME

53. STREET ADDRESS

4747 McLane Parkway

54. CITY, ST, ZIP

Temple, TX 76504

Change

Addition

1. TITLE

AT

2. NAME

Caroline R. Mann

3. STREET ADDRESS

4747 McLane Parkway

4. CITY, ST, ZIP

Temple, TX 76504

61. TITLE

62. NAME

63. STREET ADDRESS

4747 McLane Parkway

64. CITY, ST, ZIP

Temple, TX 76504

Change

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 Section 199.02(4)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE:

Kevin J. Koch, Treasurer

4/18/95

(817)771-7500

SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

Date

Telephone Number

**Manufacturers Solutions, Inc.**  
**FEIN: 74-2712420**  
**For Fiscal Year End 1/27/95**

FGY-4/1/68

**Corporation Annual Report for the State of Florida**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Terry McElroy	Director	4747 McLane Parkway, Temple, TX 76504