FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G40028

(4)

PETERSON MANUFACTURING COMPANY, INC.

FILED May 05 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | T 1884tift Sats Older marte aufrie finat tats atur dente dente dente anne mente sone | | | |
|---|---|----------------------------------|---|---------------|---|-----------------|--|--------------|-------------------|--|
| 155 CATTLEMEN ROAD 155 CATTLEMEN ROAD | | | | | | | | | | |
| SARASOTA FL | | | SARASOTA FL 34232 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | 3. Date Incorporated or Qualified | OFACE | | |
| | | | | | | | _ ` · · · · · · · · · · · · · · · · · · | | | |
| 9 Principal Di | ace of Business | 2a. Mailing A | dross | | | | 05/18/1983 4. FEI Number | | Applied For | |
| 21 | ace of business | 26 | JU1633 | | | | 59-2288412 | | Not Applicable | |
| Sulte, Apt. | t etc | | Suite, Apt. #, etc. | | | | _ | \$8.7 | 5 Additional | |
| 22 | , 410. | <u> </u> | 27 | | | | 5. Certificate of Status Desired | | Required | |
| City & State | | | City & State | | | | 6. Election Campaign Financing | \$5. | 00 May Be | |
| 23 | | | 28 | | | | Trust Fund Contribution | | led to Fees | |
| Zip | Country | Zip | | Country | | | 8. This corporation owes or has paid the c | | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax due June 30. | X Yes | □ No | |
| | 9, Name and Address of Cu | | nt | 122 | | | 10. Name and Address of New Registered | Agent | | |
| NA. | YLOR, CHARLES W. | | | | B1 | Name | | | | |
| 155 CATTLEMEN ROAD | | | | - | 62 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | RASOTA FL 34232 | | 82 Stre | | | Sireel At | Kiress (P.O. Box Number is Not Acceptable) | | | |
| 0 /4 | M901A FL 34232 | | | Ī | B3 | | | | | |
| | | | | | | | | | | |
| | | | | | B4 | City | F | 85 2 | Zip Code | |
| 11 Pursuant i | a the provisions of Sections 607 | 0502 and 607 1508. FI | orida Statuli | es, the abi | ove-r | named c | ornoration submits this statement for the purpose | of changir | ng its registered | |
| office or re | egistered agent, or both, in the S | State of Florida. Such cl | nange was a | authorized | by t | he corpo | ration's board of directors. I hereby accept the as | pointment | t as registered | |
| agent. i ai | n tamiliar with, and accept the c | ibligations bt, Section 6 | 07.05 05 , FR | orida Siaiu | ites. | | | | | |
| SIGNATURE | Signature, typed or printed name of registers | nd anent and title if applicable | (NOT | E: Registered | Agent | signature re | guired when reinstating) DATE | | [| |
| 12. | | AND DIRECTORS | (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | 13. | - | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIREC | TORS IN 12 | |
| TITLE | | | | 1.1 101. | .ŧ | | | ☐ Chan | ge Addition | |
| NAME | NAYLOR, CHARLES W | | | 1.2 NAME | | | | | į. | |
| STREET ADDRESS | 155 CATTLEMEN RD. | | | 1.3 STR | FET A | DDRESS | • | | l. | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | | 1.4 CIT | | 1 | | | | |
| TITLE | | | DELETE | 2.1 TITLE | | | | Chan | ge Addition | |
| NAME | | | | 2.2 NAME | | 1 | | | | |
| STREET ADDRESS | | | 2.3 S | | EET AT | DORESS | | | | |
| CITY+ST-ZIP | | | 2.4 C | | | - 1 | | | | |
| TITLE | | L. | DELETE | 3.1 TITL | | | | ☐ Chan | ge Addition | |
| NAME | | | | 3.2 NAM | | | | | Í | |
| STREET ADDRESS | | | | 1 | | DDRESS | | | 1 | |
| CITY-ST-ZIP | | | | 3.4. CIT | | | | | 1 | |
| TITLE | <u>.,</u> | | DELETE | 4.1 101 | | -: + | | Char | nge Addition | |
| NAME | | _ | | 4. 2 NA | | ļ | | | | |
| STREET ADDRESS | | | | | | DDRESS | | | 1 | |
| | | | | 4.4 CIT | | 1 | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 5.1 TITL | | | | ☐ Char | nge 🔲 Addition | |
| NAME | | _ | | 5.2 NAM | | | | | | |
| STREET ADDRESS | | | | | | DDRESS | | | | |
| 1 | | | | 5.4 CIT | | | | | | |
| CITY-\$T-ZIP TITLE | | | DELETE | 6.1 TITU | | - 211 | | ☐ Char | nge Addition | |
| | | _ | , | 6.2 NAM | | | | | | |
| NAME | | | | | | OUBCCC | | | | |
| STREET ADDRESS | | | | | | DORESS | | | | |
| CITY-ST-ZIP | pertifu that the information curnli | ed with this filing does | not qualify fo | 6.4 CIT | r-\$1- mptid | on stated | in Section 119.07(3)(i), Florida Statutes. I further | certify that | the information | |
| India Dia Cia | security man me uncontacent solvin | on with this mind mode. | no quanty i | OF THE CAOL | PLI | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapted, or on an attachment with an address.

4/27/08

741.271. 2/000