FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G89306 (6)

1. Corporation Name

CIND-AL MANUFACTURING CO., INC.

Principal Place of Business	Mailing Address
13518 GRANVILLE AVENUE P.O. BOX 121279 CLERMONT FL 34711-9628	13518 GRANVILLE AVENUE P.O. BOX 121279 CLERMONT FL 34711-9628

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2378196 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

GIBBS, LOUIE W
13518 GRANVILLE AVE
CLERMONT FL 34711

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 1 TITLE	ST	☐ Change ☐ Addition
NAME	GIBBS, LOUIE W.		1 2 NAME	LOSEY, DENNIS	
STREET ADDRESS	17520 APSHAWA RD		1 3 STREET ADDRESS	305 Beach ST	
CITY-ST-ZIP	CLERMONT FL		1 4 CITY-ST-ZIP	GROVELAND, FL	
TITLE	VP	☐ DELETE	2 1 TITLE	VP	☐ Change ☐ Addition
NAME	KELLEY, MICHAEL D.		2 2 NAME	ALBERS, DAMON	
STREET ADDRESS	AP ROAD, LOT #10		2 3 STREET ADDRESS	10737 ASTATULA LANE	
CITY-ST-ZIP	GROVELAND FL		2 4 CITY-ST-ZIP	CLERMONT, FL	
TITLE	ST	☒ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	DANN, CYNTHIA L.		3 2 NAME		
STREET ADDRESS	2511 WOODHAVEN CT.		3 3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3 4 CITY-ST-ZIP		
TITLE	~~ST~~	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	~~Losey, Dennis~~		4 2 NAME		
STREET ADDRESS	~~305 Beach ST.~~		4 3 STREET ADDRESS		
CITY-ST-ZIP	~~GROVELAND, FL~~		4 4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	~~Albers, Damon~~		5 2 NAME		
STREET ADDRESS	~~10737 Astatula LANE~~		5 3 STREET ADDRESS		
CITY-ST-ZIP	~~Clermont, FL~~		5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: Louie W. Gibbs — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (Date) 407-656-6133 (Daytime Phone #)