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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89306

(6)

CIND-AL MANUFACTURING CO., INC.

| FILED | |
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| Feb 03 1997 8:00an |] |
| Secretary of State | |

| Principal Place of Business 13518 GRANVILLE AVENUE P.O. BOX 121278 CLERMONT FL 34711-9628 | | 13518 GRANVILLE AVENI P.O. BOX 121279 | Mailing Address 13518 GRANVILLE AVENUE P.O. BOX 121279 CLERMONT FL 34711-9628 | | | T HOUSEN BOOK HOUSE HAVE SIGN BOOK ON BUILD HOUSE SHALL SHALL BURN BURN BURN BURN BURN BURN BURN BURN | | | | |
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| | | | | | | 3. Date incorporated or Qualified 03/08/1984 | 4 | te of Last 2/1996 | Report | |
| · | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For | |
| Suite, Apt | # etc | Suite, Apt. #, etc. | | | | 59-2378196 | | | Not Applicable Additional | |
| 22 | , 000 | 27 | | | | 5. Certificate of Status Desired | | , - · · · - | Regulred | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | | D May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability for | intangible | tax under | s. 199.032, | |
| 24] | 25 | 29 | 30 | | | | Yes [| | | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Re | gistered / | \gent | | |
| | BS, LOUIE W | | | 81 | Name | | | | | |
| | 18 GRANVILLE AVE | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | | |
| CLE | RMONT FL 34711 | | | | | | | ····· | | |
| | | | | 83 | | | | | | |
| | | | : | 84 | City | | | 85 Zir | Code | |
| | | | | | • | poration submits this statement for the p | FL | ' ' | | |
| SIGNATURE | Signatine, typed or pointed name of registered as | gent and title if applicable (NC | OTF - Flooisterer | d Aces | signature requ | | DATE | | | |
| 12. | OFFICERS AN | | | a vBan | | | | DIDECTO | DC IN 12 | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | | 1 | ADDITIONS/CHANGES TO OFFIC | | | | |
| TITLE | P | | 13. 1.1 TI | TLE | | | | DIRECTO Change | | |
| TITLE NAME | P GIBBS, LOUIE W. | ND DIRECTORS | 13. 1.1 TI | TLE AME | | | | | | |
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| TITLE NAME STREET ADDRESS CITY+ST-ZIP | P GIBBS, LOUIE W. | ND DIRECTORS | 13. 1.1 TI 1.2 N/ 1.3 ST | TLE AME TREET A | DDRESS | | | | Additio | |
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I do 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 arrural 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 regorder 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 arrantachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGN

DENNISTE Losey

1/13/97

407-656-6133