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 #

(6)

CIND-AL MANUFACTURING CO., INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				T (GOIGH ORB) SEIND INION (1414) OBER OUT, DINI; AIN	il Viu li Blail 319	K AINI ME
13518 GRANV	TILLE AVENUE	13518 GRANVILLE AVENUE						
P.O. BOX 121279 CLERMONT FL 34711-9628		P.O. BOX 121279 CLERMONT FL 34711-9628		DO NOT WRITE IN THIS SPACE				
ļ						3. Date Incorporated or Qualified		ļ
	The state of the s	Table Maries Comment				03/08/1984		
	lace of Business	2a, Mailing Address				4. FEI Number		pplied For
Suite, Apt	# alc	Suite, Apt. W, etc.				59-2378196	 	ot Applicable
22		27				5. Certificate of Status Desired	Fee R	Additional equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23 Zip	Country	28 Zip	Cour	nêr.		Trust Fund Contribution		to Fees
	<u>├</u>	⊢ ¬		in y		8. This corporation owes or has paid the cu		tangible No
24	25 P. Name and Address of Currer		30			Personal Property Tax due June 30. 10. Name and Address of New Registered		
		TO BOTTON A PROPERTY OF THE PR		81	Name	10, realise and reported of their registrates		_
	BBS, LOUIE W		ļ				<u> </u>	
	518 GRANVILLE AVE ERMONT FL 34711			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	Erimoni i E Oti i i		Ţ	83				
			ł	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 product name of registered agent and talled approach to the day product of the temperature of the								
12.		D DIRECTORS	13.	i vđen	it significa requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	DELETE		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	GIBBS, LOUIE W.	BBS, LOUIE W.		1.2 NAME				
STREET ADDRESS	17520 APSHAWA RD		1,3 STI	REET A	ADDRESS			
CITY-ST-ZIP	CLERMONT FL		1.4 CIT	1.4 CITY - ST - ZIP				
TITLE	VP						Change	Addition (
NAME	KELLEY, MICHAEL D.		2.2 NA	2.2 NAME				
STREET ADDRESS	AP ROAD, LOT #10		2 3 STREET ADDRESS		NDDRESS			
CITY-ST-ZIP	GROVELAND FL			2. 4 CITY-ST-ZIP				ļ
TITLE	ST			3.1 TITLE			Change	Addition
NAME			3.2 NA	3.2 NAME				
STREET ADDRESS	305 BEACH STREET		3.3 STF	3.3 STREET ADDRESS				
CITY-ST-ZIP	ODOLES AND EL		3.4. CII	3.4. CITY-ST-ZIP				
TITLE	VP	DELETE	4.1 TITLE				Change	Addition
NAME	ALBERS, DAMON		4. 2 NAME		}			ŀ
STREET ADDRESS	10737 ASTATULA LANE		4.3 STF	REET A	LODRESS			
City-St-ZIP	CLERMONT FL	ONT FL 44		4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REET A	ADDRESS			ļ
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP			
TATLE		☐ DELFTE	6.1 TIT	L€		-	Change	Addition
NAME			6.2 NAI	ME				
STREET ADDRESS			6.3 STF	REET A	NDORESS			
CITY-ST-ZIP			6.4 CIT					
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	r the exe	mpti	on stated in	n Section 119.07(3)(i), Florida Statutes. I further c	ertify that the	information

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 ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 1, or on an attacking my with an address