

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H89791 (8)

1. Corporation Name
DACCO/DETROIT OF FLORIDA, INC.

Principal Place of Business 5 DACCO DRIVE P.O. BOX 2789 COOKEVILLE TN 38502	Mailing Address 5 DACCO DRIVE P.O. BOX 2789 COOKEVILLE TN 38502
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1986	3a. Date of Last Report 04/14/1994
21 741 DACCO Drive	26 741 DACCO Drive			4. FEI Number 62-1258128	Applied For Not Applicable
22 P. O. Box 2789	27 P. O. Box 2789			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 607.1508, 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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JAMES N.	1.2 NAME	
STREET ADDRESS	1330 SOUTH MAPLE AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	COOKEVILLE TN	1.4 CITY - ST - ZIP	Zip - 38501
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, BILLY C.	2.2 NAME	
STREET ADDRESS	1350 SOUTH MAPLE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COOKEVILLE TN	2.4 CITY - ST - ZIP	Zip - 38501
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, ROBERT N.	3.2 NAME	
STREET ADDRESS	3526 GRAMAR	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOKEVILLE TN	3.4 CITY - ST - ZIP	Zip - 38501
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(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 in an attachment with an address.

SIGNATURE: _____ Treasurer 4-20-95 615-528-7581
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR (Date) (Phone/Fax #)