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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:37

DOCUMENT # K39418 (4)

1. Corporate Name

A & A BOLT & SCREW OF FLORIDA, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1988
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 2201 Rte 38

4. FEI Number: 52-1603232 — Applied For / Not Applicable

22 — 27: Suite, Apt. #, etc.: Ste 611

5. Certificate of Status Desired — $8.75 Additional Fee Required

23 — 28: City & State: Cherry Hill, NJ

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

24: Country — 25 — 29: Zip: 08002 — 30: Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0202 and 607.1506, 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 of New Registered Agent, if Changing — PRINT Name of New Registered Agent, if Changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13	D	11 TITLE	☐ Change ☐ Addition
14	RODICK, ALAN J.	12 NAME	
15	4163 NORRISVILLE ROAD	13 STREET ADDRESS	
16	WHITE HALL MD	14 CITY-ST-ZIP	
17	D	21 TITLE	☐ Change ☐ Addition
18	RODICK, ANDY	22 NAME	
19	4163 NORRISVILLE ROAD	23 STREET ADDRESS	
20	WHITE HALL MD	24 CITY-ST-ZIP	
31		31 TITLE	☐ Change ☐ Addition
32		32 NAME	
33		33 STREET ADDRESS	
34		34 CITY-ST-ZIP	
41		41 TITLE	☐ Change ☐ Addition
42		42 NAME	
43		43 STREET ADDRESS	
44		44 CITY-ST-ZIP	
51		51 TITLE	☐ Change ☐ Addition
52		52 NAME	
53		53 STREET ADDRESS	
54		54 CITY-ST-ZIP	
61		61 TITLE	☐ Change ☐ Addition
62		62 NAME	
63		63 STREET ADDRESS	
64		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is 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 13 above, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231691 CF