

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:28

DOCUMENT # **M61903** (4)  
1. Corporation Name  
**ACCURATE STEEL RULE DIE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**C/O ARTHUR EUGENE LANGFORD**  
**423 COUNTRY CLUB DR.**  
**OLDSMAR FL 34677**

3. Date Incorporated or Qualified **11/03/1987** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2498154</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	<b>24</b>	<b>25</b>
<b>23</b>	<b>28</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>LANGFORD, ARTHUR EUGENE</b> <b>423 COUNTRY CLUB DR.</b> <b>OLDSMAR FL 34677</b>		<b>81</b> Name		
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
		<b>83</b>		
		<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGFORD, ARTHUR EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>423 COUNTRY CLUB DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGFORD, SANDY</b>	2.2 NAME	
STREET ADDRESS	<b>423 COUNTRY CLUB DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: *Sandy Langford* 1-16-95 (813) 855-594  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR