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 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042948 (8)**

1. Corporation Name
WARETEX MANUFACTURING, INC.

Principal Place of Business	Mailing Address
PO BOX 35188 SARASOTA FL 34242 US	PO BOX 35188 SARASOTA FL 34242 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/16/1993**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21 **P.O. Box 1625**
Suite, Apt. #, etc. 22
City & State 23 **Dalton, GA**
Zip 24 **30722** Country 25

2a. Mailing Address
26 **P.O. Box 1625**
Suite, Apt. #, etc. 27
City & State 28 **Dalton, GA**
Zip 29 **30722** Country 30

4. FEI Number **65-0417280** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

BARCLAY, JAMES C.
824C BEACH RD
SARASOTA FL 34242

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 607.0502 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 — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BARCLAY, JAMES C	12 NAME		
STREET ADDRESS	524 BEACH RD	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	COKER, BARRY D	22 NAME		
STREET ADDRESS	1833 PANDORA DR	23 STREET ADDRESS	111 Golfview Drive	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Cohutta, GA 30710	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	AVETT, FRED M	32 NAME		
STREET ADDRESS	601 MURRAY HILL DR	33 STREET ADDRESS		
CITY-ST-ZIP	DALTON GA	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: F M AVETT Treasurer 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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