SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DURAMAX, INC.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90016 022 ***550.00



Principal Place of Business Mailing Address											
16025 JOHNSON STREET 16025 JOHNSON STREET											
MIDDLEFIELD	OHIO 44062	MIDDLEFIELD OHIO 44062				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified	IS SPA				1
						09/08/1967					ĺ
	de la companya de la	2a. Mailing Address				4. FEI Number Applied For					
	lace of Business	26 26				34-0317950		-	Vot Appli		l
21 Suite Ant	# 010		Suite, Apt. #, etc.			\$8.75 Addition					1
- Suite, Apt.	#, 6 (C.	27				5. Certificate of Status Desired Fee Required					
City & State	Δ	City & State				6. Election Campaign Financing	•	5.0	0 May B		1
23	•	28				Trust Fund Contribution			d to Fees		
Zip	Country	Zip				8. This corporation owes the current year					l
24	25	29	30	•		Intangible Personal Property. Yes No					
	9. Name and Address of Current					10. Name and Address of New Registered Agent					
1 St. Administration of the second of the se					Name	-					
	CORPORATION SYSTEM		82	2 Street Address (P.O. Box Number is Not Acceptable)						ł	
	0 S. PINE ISLAND ROAD		62	Subet Addr	goo (rO. Dux inditiber is their Acceptable)						
PLA	INTATION FL 33324		83								
	LAMEDE LA			0.4	A :		100	. T .	o Code		┨
				84	City	F	L 85	' ² ") C000		
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											
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was a tions of section 607 0505. Flo	uthorize	d by th	ne corporation	on's board of directors. I hereby accept the app	ointmer	nt as i	registere	đ	
_	# Complete the transfer to conde										Ì
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal						ired when reinstating) DATE	<u>:</u>				J 65
12.	OFFICERS AND DIRECTORS				·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					100
TITLE	PD	DELETE	1.1 TI	TLE		•		Change	: [A	ddition	CR2E034 (5/99)
NAME	MILLER, PAUL C JR		1.2 N/	AME							8
STREET ADDRESS	16025 JOHNSON STREET		1.3 ST	REET AC	DDRESS	•					1 5
CITY-ST-ZIP	MIDDLEFIELD OH	V	1.4 CI	TY-ST-Z	IP .						ხ
TITLE	S	OELETE	2.1 TI				\Box	Change	, [A	ddition	
NAME	OLIVER, JAMES P		2.2 N/	AME '				_			}
STREET ADDRESS	-16025-JOHNSON STREET		2.3 \$1	REET AL	DDRESS					-	
CITY-ST-ZIP	MIDDLEFIELD OH		_	TY-ST-Z	IP						┨
TITLE	AT SUDY	DELETE	3.1 Ti		ļ	•		Change	, L A	ddition	
NAME	PERDAN, RUDY		3.2 N								ĺ
STREET ADDRESS	16025 JOHNSON ST.		B	REET AC							
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TITLE	D D	DELETE	4.1 TI		ļ		Цζ	Change	: А	ddition	-
NAME	MILLER, PAUL C.		4.2 N								
STREET ADDRESS	16025 JOHNSON ST.			TREET AL							
CITY-ST-ZIP	MIDDLEFIELD OH		_	TY-ST-Z	IP				<u> </u>	4.4%	1
TITLE	D SPOOTOR OTANIEV M	DELETE	5.1 Ti		-			Change	: А	ddition	İ
NAME	PROCTOR, STANLEY M.		5.2 N/								
STREET ADDRESS	2016 MIDWAY DRIVE			REET AL							
CITY ST-ZIP	TWINSBURG OH		_	TY-ST-Z	IP						1
TITLE in	NP CA S DECIMARD AND	DELETE	6.1 TI					Change	, ЦА	ddition	
NAME 💥	(C = 10.110		6.2 N								
STREET ADDRESS	16025 JOHNSON ST.			REET AL	i						
CiTY-ST-ZiP	MIDDLEFIELD OH	this filling does not qualify for the		ntion s		tion 119.07(3)(i). Florida Statutes, I further certi	ify that t	he inf	ormation		1
IS INDIANUA	army restrict incommend of the self with		art PIKHTI								

indicated on this annual report or supplied with ansiting does not quality for the exemption stated in section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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