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

DOCUMENT # 168193 (1)

1. Corporation Name
WASHINGTON MILLS CERAMICS CORPORATION

FILED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
31 AIRPORT ROAD P.O. BOX 112 LAKE WALES FL 33859-7112	31 AIRPORT ROAD P.O. BOX 112 LAKE WALES FL 33859-7112

3. Date Incorporated or Qualified: 03/03/1952
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-0675399 ☐ 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

MCCARTNEY, HENRY A.
AIRPORT RD
LAKE WALES, FL
33853

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, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEOD, DONALD J	1.2 NAME	
STREET ADDRESS	AIRPORT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS PETER	2.2 NAME	
STREET ADDRESS	AIRPORT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, EDWARD J	3.2 NAME	
STREET ADDRESS	AIRPORT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN T	4.2 NAME	
STREET ADDRESS	AIRPORT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEA, PAUL F	5.2 NAME	
STREET ADDRESS	AIRPORT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: _____ 4/11/95 507-375-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL F. SHEA

0446642 FP