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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

Corporation Name

173537

(2)

R. & M. MANUFACTURING COMPANY

R. & M. MANUFACTURING COMPANY												
Principal Place of	f Business	Mailing Ad	ddress									
1200 ALBRIG SANFORD FL	ht RD.	1200 ALBRIGHT RD. SANFORD FL 32771										
							<b>3.</b> Da	ite Incorporated or Qualif 05/09/1953	ied 3a. Da	te of Last Re 04/14/1	995	
2. Principal Plac	e of Business	26. Mailin	28. Mailing Address				4, FE	Number <b>59-0700051</b>				
Suite, Apt. #,	etc.		Suite, Apt. #, etc.				<b>5.</b> Ce	ertificate of Status Desired	d []	- ree nequired		
City & State		City 8	City & State					ection Campaign Financia List Fund Contribution	ng 🖂	\$5.00 May Be Added to Fees		
23		28   Zip		1 6	Country			is corporation has liability	√%r intangible	tax under s	199.032,	
Zip	Country	29		30	200mm,		Fk	orida Statutes 🖊 🖊	Yes 🔲 No			
24	9. Name and Address of Curre		Agent		T		10. N	ame and Address of N	ew Registere	d Agent		
2050 SI LONGW	ON, LARS J. PRING LANDING BLVD. /OOD FL 32779			on the	81 82 83 84	City 2	l Wood	L. Thomas Box Number is Not Acce Is Trail	F	85 Zi	ip Code 32771 registered office	
PICKIATURE	the provisions of Sections 607.050 diagent, or both, in the State of Flon, and accept the obligations of, Sec Francis L. Thor	nas X nt and title frapplicabl	-Eray	UU OTE Regis	$\mathcal{O}$		1282-		DATE	4-29	-96	
12.	OFFICERS AI	ND DIRECTORS	DELETE		13. 1, 1 Title	Т		DDITIONO OF A TOLEY		Change	Addition	
TITLE	ERIKSSON, LARS J		L. Dancie		1.2 NAME	Ì						
NAME STREET ADDRESS	2050 SPRING LANDING B	LVD			1 3 STREET	ADDRESS						
CITY-ST-ZIP	LONGWOOD FL				1.4 CHY-5	ST-ZIP	w.,			<b></b>	PTT Addition	
TOLE	V		DELETE		2. 1 TITLE					Change	Addition	
NAME	THOMAS, FRANCIS L				2.2 NAME	1						
STREET ADDRESS	201 WOODS TRAIL					I ADDRESS			•			
CITY-ST-ZIP	SANFORD FL		DELE1E		2.4 CITY-: 3. 1 TITLE	S1 - 7 0				Change	☐ Addition	
TITLE			[ ] DELETE		3.2 NAME							
NAME						1 ADDRESS						
STREET ADDRESS					3.4 CiTY -						park dalari	
CITY-S1-7IP TITLE			DELETE		4 1 TITLE					Change	Addition	
NAME				1	4.2 NAME							
STREET ADDRESS					4.3 STREE	T ADDRESS						
CITY-ST-ZIP					4.4 CITY-					[ ] Change	Addition	
TITLE			DELETE		5 1 11/16					L. Outsings	L	
NAME					5.2 NAME							
STREET ADDRESS						1 ADDRESS						
CITY-ST-ZIF			דין מניכוב		5 4 CHY-					☐ Change	Addition	
TITLE			DEFEIE		6 1 TITLE	1				- *	-	
NAME.					62 NAME							
STREET ADDRESS				1	0.5 STREE	ET ADDRESS						

6.4 CHTY - ST - ZIP

GNING OFFICER OR DIRECTOR

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)(k), 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 13 if changed, or on an attachment with an address.