FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 243344 (9)

1. Corporation Name

SUNSHINE ARMATURE WORKS INC

Principal Place of Business:
P O BOX 656
1110 S. BOULEVARD
DELAND FL 32721

Mailing Address:
P O BOX 656
1110 S. BOULEVARD
DELAND FL 32721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1960
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0913134 — 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

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

9. Name and Address of Current Registered Agent

SLAYDON JR,RUSSELL J
2279 LK HIRES RD.
POB 656, DELAND, FL 327210656
DELEON SPRINGS FL 32028

10. Name and Address of New Registered Agent

81 Name: Sara G. Slaydon
82 Street Address (P.O. Box Number is Not Acceptable): 2278 LK Hires Rd
83 PoBox 656 Deland FL 32721-0656
84 City: DeLeon Springs FL 85 Zip Code 32130

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: Sara G. Slaydon — SARA G. SLAYDON, P/S/T/D — 28 April 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 TITLE		☒ Change ☐ Addition
NAME	SLAYDON JR,RUSSELL J	2 NAME		
STREET ADDRESS	1110 S. BOULEVARD	3 STREET ADDRESS		
CITY ST ZIP	DELAND FL	4 CITY ST ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	SLAYDON P GREGORY	22 NAME		
STREET ADDRESS	1110 S BOULEVARD	23 STREET ADDRESS		
CITY ST ZIP	DELAND FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE	(P)-S-T-D	☒ Change ☒ Addition
NAME	SLAYDON, SARA G.	32 NAME	SLAYDON, SARA G.	
STREET ADDRESS	1110 S. BOULEVARD	33 STREET ADDRESS	1110 S. BOULEVARD	
CITY ST ZIP	DELAND FL	34 CITY ST ZIP	Deland FL 32720	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DREGGORS, JAMES H.	42 NAME		
STREET ADDRESS	228 W NEW YORK AVE	43 STREET ADDRESS		
CITY ST ZIP	DELAND FL	44 CITY ST ZIP		
TITLE	V	51 TITLE	VP (D)	☒ Change ☐ Addition
NAME	SLAYDON, JOHN R.	52 NAME	SLAYDON, JOHN R.	
STREET ADDRESS	1110 S. BLVD.	53 STREET ADDRESS	1110 S. Boulevard	
CITY ST ZIP	DELAND FL	54 CITY ST ZIP	Deland FL 32720	
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 the 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: Sara G. Slaydon — 4-28-95 — 904-734-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SARA G. Slaydon

0414176 FP