

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 # 243344 (9)

1. Corporation Name

SUNSHINE ARMATURE WORKS INC



Principal Place of Business

Mailing Address

P O BOX 656
1110 S. BOULEVARD
DELAND FL 32721

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1110 S. BOULEVARD
DELAND FL 32721

3. Date Incorporated or Qualified

12/30/1960

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARA, SLAYDON
2279 LK HIRES RD.
POB 656, DELAND, FL 327210656
DELEON SPRINGS FL 32028

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2279 LK HIRES RD

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLAYDON JR, RUSSELL J	
STREET ADDRESS	1110 S. BOULEVARD	
CITY-ST-ZIP	DELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SLAYDON P GREGORY	
STREET ADDRESS	1110 S BOULEVARD	
CITY-ST-ZIP	DELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SLAYDON, SARA G.	
STREET ADDRESS	1110 S. BOULEVARD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DREGGORS, JAMES H.	
STREET ADDRESS	228 W NEW YORK AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SLAYDON, JOHN R.	
STREET ADDRESS	1110 S. BLVD.	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	delete
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V PRESIDENT / DIRECTOR
2.3 STREET ADDRESS	Peter G. Slaydon
2.4 CITY-ST-ZIP	1110 S. Boulevard
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pres/Sec/Treas/DIRECTOR
3.3 STREET ADDRESS	SARA G. SLAYDON
3.4 CITY-ST-ZIP	1110 S. Boulevard
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	delete
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Pres / DIRECTOR
5.3 STREET ADDRESS	John R. Slaydon
5.4 CITY-ST-ZIP	1110 S. Boulevard
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara G. Slaydon Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA G. SLAYDON

28 April 96 904-771-2000

Date

Daytime Phone #

CR2E034 (12/95)