

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
1-23-96 B-0109-C
DOCUMENT # 255867 (4)

1. Corporation Name

MATHEWS CORPORATION

Principal Place of Business

3514 ARCH STREET
TAMPA FL 33607

Mailing Address

3514 ARCH STREET
TAMPA FL 33607



3. Date Incorporated or Qualified

02/12/1962

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0967052

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

10. Name and Address of New Registered Agent

OELLERICH, HERMAN J.
3514 ARCH STREET
TAMPA FL 33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME OELLERICH, PAMELA
STREET ADDRESS 3514 ARCH STREET
CITY-STATE-ZIP TAMPA FL

☐ DELETE

1.1 TITLE
☐ Change ☐ Addition

TITLE PD
NAME OELLERICH, DAVID
STREET ADDRESS 3514 ARCH STREET
CITY-STATE-ZIP TAMPA FL

☐ DELETE

2.1 TITLE
☐ Change ☐ Addition

TITLE ~~CEO~~
NAME GOREE, GARY
STREET ADDRESS 3514 ARCH STREET
CITY-STATE-ZIP TAMPA FL

☐ DELETE

3.1 TITLE
☐ Change ☐ Addition

TITLE ~~PD~~ CEO/D
NAME OELLERICH, H.J.
STREET ADDRESS 3514 ARCH STREET
CITY-STATE-ZIP TAMPA FL

☐ DELETE

4.1 TITLE
☐ Change ☐ Addition

TITLE VP
NAME STAHLHUT, RONALD R.
STREET ADDRESS 3514 ARCH ST.
CITY-STATE-ZIP TAMPA FL

☐ DELETE

5.1 TITLE
☐ Change ☐ Addition

TITLE AS
NAME BARBER, GAIL
STREET ADDRESS 3514 ARCH ST.
CITY-STATE-ZIP TAMPA FL

☐ DELETE

6.1 TITLE
☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

GARY GOREE, TREASURER 1/16/96 813-871-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)