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 283955 DOCUMENT #

FLORIDA BOLT & NUT COMPANY

(3)

FILED Jan 25 1996 8:00 am Secretary of State



Principal Place of Eusiness Mailing Address					- I INDIALO MADELANDO MINO MANT DIEN AMI DIENI AMI DIENI AMIN DIENI DIEN		
3875 FISCAL CT 3875 FISCAL CT STE 300 STE 300							
RIVIERA BCH FL 33404 US RIVIERA BCH FL 33404 US			4		3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1964 03/16/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For
1	26					Not Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	B.75 Additional Fee Required
Oity & Sta	ale	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zψ	Country	Zip	Cou	ntry	This corporation has liability for it	_	der s 199.032,
4]	25	29	30		Florida Statutes		
	9. Name and Address of Curren	t Registered Agent		041 61-	10. Name and Address of New R	egistered Age	nt
			}	81 Name			
MCGINNESS, NEIL				82 Street Add	Address (P.O. Box Number is Not Acceptable)		
3875 FISCAL CT SUITE 300				83			
HIVER	A BEACH FL 33404			84 City		8	5 Zip Code
				City		FL ∣°	2.p 000e
12.	Synchaic typed or pinited name of registered agent OFFICERS AND	DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFI		
THEF	VP	DELETE	1 1 7	TLE			hange Addition
NAME	TURNBULL, MICHAEL		1.2 NA	ME			
STREET ADDRESS				REET ADDRESS			
C-TY-ST-ZP Titl	RIVIERA BEACH FL	☐ DELETE	14 C) 2 1 Ti	TY - ST - ZIP			hange Addition
NAME	MCGINNESS, NEIL	[] been	2 2 N			۰	Tango Thousand
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CITY - ST - ZIP	RIVIERA BEACH FL			1Y-S1-ZIP			
TITEF	PTD	☐ DELETE	3 1 T	TLE			hange 🔲 Addition
NAME	WARNER, CHERYL A.		3.2 N/	AME			
STREET ADDRESS			4	TREET ADDRESS			
CHY+S1-ZiF	RIMERA BEACH FL	☐ DELETE	3.4 C)	TY-ST-ZIP		F1 0	hange Addition
TITLE NAM:	MCGINNESS, NEIL		4.11 4.2 No			۰ ت	
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City-St-7iP	RIVIERA BEACH FL			TY-ST-ZIP			
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NAME			5 2 N	AMÉ			
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TIFLE		☐ DELETE	6 1 7				hange
NAME.			62 N	l.			
STREET ADDRES	55			IREET ADDRESS			
CITY OF THE			■ 6.4 C	0 Y . S.L. 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 own attachment with an address.