

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 289773 (4)
1. Corporation Name
PRIDE MANUFACTURING COMPANY



Principal Place of Business RR 3 BOX 6 GUILFORD ME 04443 US	Mailing Address 211 PRIDE ROAD TAMPA FL 33619-8052
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/11/1965 3a. Date of Last Report 02/19/1996 4. FEI Number 01-0273199 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GARDNER, MERRITT A. 501 EAST KENNEDY BLVD SUITE 1250 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 501 East Kennedy Boulevard 83 Suite 1250 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRIDE, STANLEY G. 2405 ARDSON PL N 904A TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P/D Ellis, William R. 1400 N. Walker Iron Mountain, MI 49801
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD ELLIS, ARIEL W 3450 W PEBBLE BEACH CT LECANTO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PRIDE, ROBERT B 258 PINE STREET DOVER-FOXCROFT ME	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP V TILTON, SCOTT GREEN STREET DOVER-FOXCROFT ME	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP T/D/S Hewett, Vandy E. Dover Rd. Milo, ME 04463
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRIDE, LIZA S. 2405 ARDSON PL N 904A TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D Hawkes, David 482 Congress St, Suite 4000 Portland, ME 04101
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ELLIS, SHIRLEY P. 3450 W PEBBLE BEACH CT LECANTO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP D Hewett, Russell Dover Rd. Milo, ME 04463

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Vandy E. Hewett 2-12-97 007 076 0015

CR2E034 (9/96)