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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 014 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 289773

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1965

4. FEI Number

01-0273199

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GARDNER, MERRITT A.
501 E 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

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PRIDE, STANLEY G.
2405 ARDSON PL N 904A
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ELLIS, ARIEL W
3450 W PEBBLE BEACH CT
LECANTO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PRIDE, ROBERT B
258 PINE STREET
DOVER-FOXCROFT ME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TDS
HEWETT, VANDY E.
DOVER RD.
MILO ME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PRIDE, LIZA S.
2405 ARDSON PL N 904A
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ELLIS, SHIRLEY P.
3450 W PEBBLE BEACH CT
LECANTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Ellis, Gregory

20 Forest Park

Waterville, ME 04901

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Hewett, Russell

Dover Rd

Milo, ME 04463

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

Hawkes, David

482 Congress St Suite 4000

Portland, ME 04101

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vandy E. Hewett

3/4/99

207-876-3315

Date

Daytime Phone #

CR2E034 (11/98)