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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 29461

(3)

FRANKLIN ELECTRIC COMPANY

FILED
Jan 21 1998 8:00am
Secretary of State

FRANKL	IN ELEC	THIC COMPAINT						
Principal Place of Business Mailing Address								
3512 N I OCK	WAAD BIDGI	E PD		-	VE DO			
3512 N LOCKWOOD RIDGE RD SARASOTA FL 34234 SARASOTA FL 34234 SARASOTA FL 34234								
3.113.05.11.12.3.12.3							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21 Suite Apt # etc				Suite, Apt. #, etc.				59-1107386 Not Applicable
Suite, Apt. #, etc.				7				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip				Zip Country			,	8. This corporation owes or has paid the current year Intangible
24	25 29				30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
FRANKLIN,BILLY C 81 Name								
3512 N. LOCKWOOD RIDGE ROAD						82 Street Address (P.O. Box Number is Not Acceptable)		
		WOOD RIDGE ROAD					0	action (1.00 por trained to the visualization)
l	ASOTA FL							
							City	85 Zip Code
						84	,	, FL))
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								
Signeture, typed or printed name of registered agent and little If applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.	D	OFFICERS AND	DINE	DELETE	111	ITI F		ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12
NAME	_	NEKLYC			1.2 N		ļ	T
NAME FRANKLIN,BILLY C STREET ADDRESS 3512 N LOCKWOOD RIDGE RD					1.3 STREET ADDRESS		ADDRESS	.
CITY-ST-ZIP		1.4 CITY-ST-ZIP			10			
TITLE	SARASO PD			DELETE	2.1 1	_		☐ Change ☐ Addition ☐
NAME	FRANKLIN,BILLY JR.					2.2 NAME		
STREET ADDRESS 3512 N LOCKWOOD RIDGE RD					2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHOUTE TO				2.4 CITY-ST-ZIP			
TITLE	DELETE				_	3.1 TITLE		☐ Change ☐ Addition
NAME					3.2 N	AME	- 1	
STREET ADDRESS					3.3 \$	TREET	ADDRESS	
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TITLE				DELETE	4.1 Ti	TLE		Change Addition
NAME					4.21	IAME	ļ	
STREET ADDRESS					4.3 S	TREET	ADDRESS	
CITY-ST-ZIP					4.4 C	π <u>γ-</u> \$	T-ZIP	A STATE OF THE PARTY OF THE PAR
TITLE				DELETE	5.1 7	TLE		Change Addition
NAME					5.2 N	ame		
STREET ADDRESS					5.3 S	TREET	ADDRESS	
CITY - ST - ZIP					5.4 C	TY-S	T-ZIP	
TITLE				DELETE	6.1 T	TLE	ţ	Change Addition
NAME					62 N	ame		
STREET ADDRESS					6.3 S	TREET	ADDRESS	
CITY-ST-ZIP						TY-S		100
 14. I hereby cer indicated or 	rtify that the	intermation supplied will il report or supplemental	n this f annua	iling does not qualify for I report is true and according to the contract of	or the execute an	empi d tha	tion stated at my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture 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 go-an attachment with an address.								

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

C. Franklin,

in J-1-5-98

(941)355-30 Daytime Phone # 0452