


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

97 AUG 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 304426 (0)

1. Corporation Name
TAMPA G MANUFACTURING CO.



Principal Place of Business: **1115 TWIGGS STREET TAMPA FL 33602**

Mailing Address: **1115 TWIGGS STREET TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1966	3a. Date of Last Report 04/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1118854	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARDWICK, KELLY B. III 140 EAST SUMMERLIN ST. BARTOW FL 33830				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	V-P DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOWLATER, JERRY M.	1.2 NAME	TRACY J. Showalter
STREET ADDRESS	245 LADUE DRIVE 1115 TWIGGS ST.	1.3 STREET ADDRESS	1115 TWIGGS ST.
CITY-ST-ZIP	MT. CARMEL FL TAMPA, FL 33602	1.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VP-D - ASST. SECT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, JACK	2.2 NAME	CHARY B. SHOWALTER
STREET ADDRESS	220 LADUE DRIVE	2.3 STREET ADDRESS	1115 TWIGGS
CITY-ST-ZIP	MT. CARMEL IL TAMPA, FL 33602	2.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEDFORD, LAWRENCE	3.2 NAME	SHEA A. SHOWALTER
STREET ADDRESS	101 BONA TERRA	3.3 STREET ADDRESS	1115 TWIGGS
CITY-ST-ZIP	MT. CARMEL IL TAMPA, FL 33602	3.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	FRY, JAMES	4.2 NAME	
STREET ADDRESS	SUGAR CREEK ESTATES	4.3 STREET ADDRESS	100002272131--9
CITY-ST-ZIP	MT. CARMEL IL TAMPA, FL 33602	4.4 CITY-ST-ZIP	-08/20/97--01053--003
TITLE		4.5 STREET ADDRESS	****165.00 ****165.00
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *[Signature]* TAMPA G MANUFACTURING CO. 2/18/99 813 229-1659

CR2E034 (4/97)