Apr 13, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 332574

1. Corporation Name

FOSTON PRODUCTS, INC.

| | FRODUCTS, INC. | | | | | | | | i | | |
|--|---|-------------------|----------------------------------|---|--|---|------------|---|---------------------|---|--|
| Principal Place | e of Business | Mailing A | ddress | | | | | | 119 MIRF WIRTI WI | 9 11 8 1 9 31 919 1 | (Alfist miftit lift) |
| 149 S. WOODL | AND . | 149 S. WO | CODLAND | | | | | | | | |
| P. O. BOX 7710 | | P. O. BOX 771006 | | | | | | 20 107 1479 | TE 161 T1110 | CDACE | |
| WINTER GARDE | EN FL 34777-1006 | | WINTER GARDEN FL 34777-1006 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | | 07/16/1968 | | | |
| 2. Principal Pl | lace of Business | <u> </u> | g Address | | | | | 4. FEI Number | | | opplied For |
| 21 | | 26 | | J. 20 | | | | 59-1388591 | | ~~~_ | lot Applicable |
| Suite, Apt. | #, etc. | | Apt. #, etc. | | | | | 5. Certifcate of Status Desired | | | Additional Required |
| 22 | | 27 | | | | | | | | | - |
| City & State | е | ⊢ ′ | State | | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | | _ | ountry | | | 8. This corporation owes the curre | ent year Inta | ingible ⊠Yes | □No |
| 24 | 25 | | | 30 | | | | Personal Property Tax. | N | | LINO |
| | 9. Name and Address of Curren | t Registered | Agent | | - | | | 10. Name and Address of New R | kegisterea <u>/</u> | vyent . | |
| 1 115 17 | 2004 1489 1488 11 | | | | 81 | Name | | | | | |
| | SON, WILLIAM H. | | | | 82 | Street | Addres | ss (P.O. Box Number is Not Accepta | able) | | |
| | TEMPLE GROVE DRIVE | | | | | | | | | | |
| WIN | TER GARDEN FL 34787 | | | | 83 | | | | | | } |
| , | • | | | | 84 | City | | | FL | 85 Zip | Code |
| | | | | | | | | the submits this statement for the | | changing i | ts registered |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State | ot Fiorida, Suc | n change was a | いいいりゅう | en ov | the corr | corpoi | ration submits this statement for the his board of directors. I hereby accep | ot the appoir | ntment as | registered |
| agent. I a | m familiar with, and accept the obligation | tions of, Section | n 607.0505, Flo | rida Sta | atutes | | | • | | | ŀ |
| | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | \ |
| SIGNATURE | Signature, typed or printed name of registered ager | _ | | | | nt signature | required v | when reinstating) | DATE | D DIGECT | |
| 12. | OFFICERS AN | _ | S | 13 | 3. | nt signature | required v | when reinstating) ADDITIONS/CHANGES TO OF | | | |
| | OFFICERS AN | _ | | 1.1 | TITLE | nt signature | required v | | | D DIRECT | |
| 12. | OFFICERS AN PD HINSON, WILLIAM. H | _ | S | 1.1 | 3. | ni signature | required v | | | | |
| 12. TITLE | PD HINSON, WILLIAM H 150 TEMPLE GROVE DR. | _ | S | 1.1 1.2 | TITLE NAME | nt signature | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| 12. TITLE NAME | OFFICERS AN PD HINSON, WILLIAM. H | _ | DELETE | 1.1 1.2 1.3 | TITLE NAME | T ADDRESS | | ADDITIONS/CHANGES TO OF | | ☐ Change | → Addition |
| 12. TITLE NAME STREET ADDRESS | PD HINSON, WILLIAM H 150 TEMPLE GROVE DR. | _ | S | 1.1 1.2 1.3 1.4 | TITLE NAME STREET | T ADDRESS | | ADDITIONS/CHANGES TO OF | FICERS AN | | → Addition |
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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: