FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **391084** **(1)**

1. Corporate Name
BILT-RITE MANUFACTURERS, INC.

Principal Place of Business
540 EAST MACCLENNY AVENUE
MACCLENNY FL 32063

Mailing Address
540 EAST MACCLENNY AVENUE
MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **11/09/1971**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22 / 27
City & State — 23 / 28
ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: **59-1409046** — 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. Does corporation owe any back taxes under s. 193.093, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HARMON, JOHN B.
ROUTE 1, BOX 1430
GLEN ST. MARY FL 32040

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number is Not Acceptable
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.1005, 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. The 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 duties of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	VD
Name	HARMON, NANCY S.
Address	ROUTE 1, BOX 1430
City-State-Zip	GLEN ST. MARY FL
Title	PD
Name	HARMON, JOHN B.
Address	ROUTE 1, BOX 1430
City-State-Zip	GLEN ST. MARY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title / Name / Address / City-State-Zip — [ ] Change [ ] Addition

14. To the best of my knowledge, I believe that the information supplied with this report is complete and accurate and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

SIGNATURE: John B. Harmon JOHN B. HARMON May 1, 1995 904-259-4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0008470 CP