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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:38

DOCUMENT # 394917 (9)

1. Corporation Name
FAR-MAC PLATING, INC.

Principal Place of Business	Mailing Address
1015 S. EDDIE ALLEN ROAD MELBOURNE FL 32901	1015 S. EDDIE ALLEN ROAD MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1972
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-1380082 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FARLESS, SAM K.
1015 S. EDDIE ALLEN ROAD
MELBOURNE FL 32901

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD	11 TITLE	T ☑ Change ☑ Addition
NAME	FARLESS, SAM K	12 NAME	William Farless
STREET ADDRESS	1015 S EDDIE ALLEN RD	13 STREET ADDRESS	478 Veronica Ave NE
CITY-ST-ZIP	MELBOURNE, FL 00000	14 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FARLESS, SAM K II	22 NAME	
STREET ADDRESS	426 KREFELD RD	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	P ☑ Change ☐ Addition
NAME	FARLESS, SAM K	32 NAME	Sam Farless
STREET ADDRESS	1015 S EDDIE ALLEN RD	33 STREET ADDRESS	2263 W. New Haven Box 363
CITY-ST-ZIP	MELBOURNE, FL 00000	34 CITY-ST-ZIP	W. Melbourne FL
TITLE		41 TITLE	S ☑ Change ☐ Addition
NAME		42 NAME	Linda Farless
STREET ADDRESS		43 STREET ADDRESS	2263 W. New Haven Box 363
CITY-ST-ZIP		44 CITY-ST-ZIP	W. Melbourne FL 32904
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John F. Farless Jr Sam K Farless II 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410602 FP