

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90006 035 \*\*\*150.00

U663796

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 437709**

1. Corporation Name  
**EMORY MANUFACTURING COMPANY**

Principal Place of Business Mailing Address  
 1830 E 8TH ST PO BOX 3812  
 JACKSONVILLE FL 32206 JACKSONVILLE FL 32206  
 US US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/08/1973**

4. FEI Number **59-1510200** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**DEAL, KEITH M**  
**140 REGENCY SQUARE**  
**JACKSONVILLE FL**

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 reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, CLAYTON II                 | 1.2 NAME  |   |
| STREET ADDRESS             | 30 DON GALLA COURT                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32211             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BELL, ULICK                       | 2.2 NAME  |   |
| STREET ADDRESS             | 2616 CONGAREE DR. W.              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32211             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, MARIA                      | 3.2 NAME  |   |
| STREET ADDRESS             | 30 DON GALLA COURT                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32211             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

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: MARIA SMITH **MARIA SMITH** 3/1/99 354-3339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)