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

$5 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446385** **(7)**

1. Corporation Name

STONE MOUNTAIN MANUFACTURING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3908 SELIVTZ RD. FT. PIERCE FL 34981	3908 SELIVTZ RD. FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1974**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-1508964** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP (24) / County (25) / ZIP (29) / County (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, GAIL
3908 SELVITZ RD
FORT PIERCE FL 34981

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 607.0502 and 607.1908, 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
Title	D	Title	☐ Change ☐ Addition
Name	MOON, JOON S.	Name	
Street Address	3505 W. GRAND RIVER AVE.	Street Address	
City-St-Zip	HOWELL MI	City-St-Zip	
Title	P	Title	☐ Change ☐ Addition
Name	RODGERS, WILLIAM	Name	
Street Address	3908 SELIVTZ RD.	Street Address	
City-St-Zip	FT. PIERCE FL	City-St-Zip	
Title		Title	Vice President ☐ Change ☐ Addition
Name		Name	Glenn Madecun
Street Address		Street Address	3505 W. Grand River
City-St-Zip		City-St-Zip	Howell, MI 48843
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this filing is accurate 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 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 above, or on an attachment with an address.

SIGNATURE: *[signature]* Vice President 5/1/95 (517) 546-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0983507 CP