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 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **532586** **(5)**

1. Corporation Name

TEMPLE SCREW MACHINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
4714 96 ST N LOT 170 ST PETERSBURG FL 33708	4714 96 ST N LOT 170 ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1977	3a. Date of Last Report: 04/05/1994
2. Principal Place of Business 21: 4714 - 96th ST. N ~~ST. PETE~~ 33708	2a. Mailing Address 26: 4710 - 96th ST. N. ~~ST. PETE~~ 33708
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: ST. PETERSBURG FL.	City & State 28: ST. PETERSBURG FL.
Zip 24: 33708 County 25:	Zip 29: 33708 County 30:
4. FEI Number: 59-1796790	☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TEMPLE, WILLIAM E. 4714 96TH ST. NORTH ST. PETERSBURG FL 33708	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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
15 TITLE	PD	11 TITLE	☐ Change ☐ Addition
16 NAME	TEMPLE, WILLIAM E.	12 NAME	
17 STREET ADDRESS	10398 104 N L170	13 STREET ADDRESS	
18 CITY ST ZIP	LARGO FL	14 CITY ST ZIP	
19 TITLE	ST	21 TITLE	☐ Change ☐ Addition
20 NAME	TEMPLE, DIANE A.	22 NAME	
21 STREET ADDRESS	10398 104 N L170	23 STREET ADDRESS	
22 CITY ST ZIP	LARGO FL	24 CITY ST ZIP	
23 TITLE		31 TITLE	☐ Change ☐ Addition
24 NAME		32 NAME	
25 STREET ADDRESS		33 STREET ADDRESS	
26 CITY ST ZIP		34 CITY ST ZIP	
27 TITLE		41 TITLE	☐ Change ☐ Addition
28 NAME		42 NAME	
29 STREET ADDRESS		43 STREET ADDRESS	
30 CITY ST ZIP		44 CITY ST ZIP	
31 TITLE		51 TITLE	☐ Change ☐ Addition
32 NAME		52 NAME	
33 STREET ADDRESS		53 STREET ADDRESS	
34 CITY ST ZIP		54 CITY ST ZIP	
35 TITLE		61 TITLE	☐ Change ☐ Addition
36 NAME		62 NAME	
37 STREET ADDRESS		63 STREET ADDRESS	
38 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true 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 17 or Block 18 if changed, or on an attachment with an address.

SIGNATURE: William E Temple WILLIAM E. TEMPLE 4-28-95 813-391-3110

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

0300410 CP