FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # 575093 (0)

95 MAY 10 AM 10:35

MCCOMMON INDUSTRIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
16515 DAVENPORT RD
WINTER GARDEN FL 34787

Mailing Address
16515 DAVENPORT RD
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 06/08/1978
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-1837620 — 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
Country
25
Zip
29
Country
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

MCCOMMON, JACK JR.
17624 DAVENPORT RD.
WINTER GARDEN FL 34787

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 607.0501 and 607.0508, 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
(If the registered agent is a corporation, the signature must be that of a officer or director of the registered agent corporation) (Date)

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 1994
TITLE	ST	1. TITLE	☐ Change ☐ Addition
NAME	MCCOMMON, BECKY L	2. NAME	
STREET ADDRESS	17624 DAVENPORT RD	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER GARDEN FL	4. CITY, ST, ZIP	
TITLE	VC	1. TITLE	☐ Change ☐ Addition
NAME	MCCOMMON, ADAIR A.	2. NAME	
STREET ADDRESS	10322 CR 561A	3. STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL	4. CITY, ST, ZIP	
TITLE	PM	1. TITLE	☐ Change ☐ Addition
NAME	MCCOMMON, JACK JR.	2. NAME	
STREET ADDRESS	17624 DAVENPORT RD.	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER GARDEN FL	4. CITY, ST, ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	

14. I 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. Further, I hereby certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an addition, if applicable, or is indicated as a change within Block 13.

SIGNATURE: Becky L McCommon
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR
BECKY L McCOMMON

5/3/95 (407) 656-7687
Date Daytime Phone #

0316117 CP