

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:19

**DOCUMENT # 607750 (7)**

1. Corporation Name  
**AMCRAFT FIXTURE CO., INC.**

Principal Place of Business	Mailing Address
628 W SLUGH AVE SEFFNER FL 33584	628 W SLUGH AVE SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/24/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1872738</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**BREAKEY, FRED**  
**928 W SLUGH AVE**  
**SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reconstituting.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>JACKSON, CLAUDE, JR</b>
STREET ADDRESS	<b>3201 GRANADA</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>HENRY, ROBERT</b>
STREET ADDRESS	<b>RT 3 BOX 1971</b>
CITY - ST - ZIP	<b>ODESSA, FL 00000</b>
TITLE	<b>DST</b>
NAME	<b>CHAPMAN, RICHARD L</b>
STREET ADDRESS	<b>3601 COPPERTREE CIR</b>
CITY - ST - ZIP	<b>BRANDON, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>BARBER, LEO D</b>
STREET ADDRESS	<b>SOUTH DOVER RD</b>
CITY - ST - ZIP	<b>DOVER, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>BREAKEY, FRED B</b>
STREET ADDRESS	<b>928 W SLUGH</b>
CITY - ST - ZIP	<b>SEFFNER, FL 00000</b>
TITLE	<b>DV</b>
NAME	<b>ROMBERGER, JOHN J</b>
STREET ADDRESS	<b>606 ROSIER RD</b>
CITY - ST - ZIP	<b>BRANDON, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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)(k), Florida Statutes. I further certify that the information contained 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 in an attachment with an address.

SIGNATURE: Fred B Breakey President 6/14/95 813-685-0566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)  
 Fred B Breakey

CR2E034 (3/95)