**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:14

DOCUMENT # 650657 (0)

1. Corporation Name
SHRIKE INDUSTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 517 LAKE MIRIAM DRIVE<br>LAKELAND FL 33813 | 517 LAKE MIRIAM DR<br>LAKELAND FL 33813<br>US |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 01/09/1980 | 03/15/1994 |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 21 | 26 | 59-1760682 | ☐ Applied For<br>☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 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 | (10) Name and Address of New Registered Agent |
|---|---|
| DONALDSON, JEAN C<br>517 LAKE MIRIAM DR<br>LAKELAND FL 33813 | 81 Name: DONALDSON, EDGAR S.<br>82 Street Address (P.O. Box Number is Not Acceptable): 517 LAKE MIRIAM DRIVE<br>83<br>84 City: LAKELAND FL 85 Zip: 33813 |

(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: EDGAR S. DONALDSON, PD — 1-12-95
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 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DONALDSON, EDGAR S | 1.2 NAME | |
| STREET ADDRESS | 517 LK MIRIAM DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | DONALDSON, SAMUEL W. | 2.2 NAME | |
| STREET ADDRESS | 5001 NORRISWOOD DRIVE | 2.3 STREET ADDRESS | DELETE |
| CITY-ST-ZIP | MULBERRY FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | DONALDSON, JEAN C. | 3.2 NAME | |
| STREET ADDRESS | 517 LAKE MIRIAM DRIVE | 3.3 STREET ADDRESS | DECEASED (9-17-94) |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☒ Change ☒ Addition |
| NAME | | 4.2 NAME | STD |
| STREET ADDRESS | | 4.3 STREET ADDRESS | DONALDSON, HENRY M. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 614 EASTON DRIVE<br>LAKELAND, FL 33803 |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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.

SIGNATURE: EDGAR S. DONALDSON, PD — 1-12-95 — (813) 646-3728
SIGNATURE AND NAME OF INDIVIDUAL SIGNING, OFFICER OR DIRECTOR — Date — Daytime Phone

0313006 CP