


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

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|--|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 657199 | | (6) | | | |
| 1. Corporation Name BONIFAY MANUFACTURING, INC. | | | | | |



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|---|--|
| Principal Place of Business SAND PATH ROAD PO BOX 338 BONIFAY FL 32425 | Mailing Address SAND PATH ROAD PO BOX 338 BONIFAY FL 32425-0338 |
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|--------------------------------|--|------------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/18/1980 | | 3a. Date of Last Report 01/25/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1957478 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent PRICE, TERRY A SAND PATH ROAD BONIFAY, FL 32425 | | | | 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 607.0502 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 fee, if applicable) (NOTE: Registered Agent signature required when resigning) (DATE)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------|---------------------------------|--|---|----------------------|--|--|
| TITLE | SD | <input type="checkbox"/> DELETE | | 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRICE, ROGER | | | 1.2 NAME | Price, Roger | | |
| STREET ADDRESS | RT 1 BOX 294 | | | 1.3 STREET ADDRESS | 290 Lake Point Drive | | |
| CITY-ST-ZIP | SLOCUMB, AL 0 | | | 1.4 CITY-ST-ZIP | Altord, FL 32420 | | |
| TITLE | PT | <input type="checkbox"/> DELETE | | 2.1 TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRICE, TERRY A | | | 2.2 NAME | Price, Terry A. | | |
| STREET ADDRESS | RT 1 BOX 468 | | | 2.3 STREET ADDRESS | 2540 Mustang Lane | | |
| CITY-ST-ZIP | SLOCUMB, AL 00000 | | | 2.4 CITY-ST-ZIP | Altord, FL 32420 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 recipient of a 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 _____ 4/9/97 904-547-3608

CR2E034 (9/96)