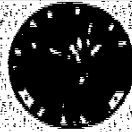


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 738814 (3)**

1. Corporation Name  
**CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIATION, INC.**

Principal Place of Business  
**400 8TH ST  
HOLLY HILL FL 32117  
US**

Mailing Address  
**P O BOX 250808  
HOLLY HILL FL 32125  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/22/1977** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-1745261** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MULLINS, MIKE L  
400 8TH ST  
HOLLY HILL FL 32117**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **GUNWELL, RICHARD**  
STREET ADDRESS **1000 CARROLL ST**  
CITY-ST-ZIP **CLEARMONT FL**

TITLE **VD**  
NAME **BROWN, REM**  
STREET ADDRESS **1950 MARLEY DR**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **TD**  
NAME **MULLINS, MIKE L**  
STREET ADDRESS **400 8TH ST**  
CITY-ST-ZIP **HOLLY HILL FL**

TITLE **SD**  
NAME **DAVIS, LANNY**  
STREET ADDRESS **400 8TH ST**  
CITY-ST-ZIP **HOLLYHILL FL**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.3 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
**VD**  
2.2 NAME **RON GAINES**  
2.3 STREET ADDRESS **1240 NEBRASKA AVE**  
2.4 CITY-ST-ZIP **TAMPA, FL 33602**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with no fee.

SIGNATURE: *MIKE L. MULLINS* **4/12/95** **904-253-1942**

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