SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
1996 AUG -5 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741137 (4)

1. Corporation Name
FLORIDA MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2200 TALL PINES DRIVE STE 100~~ LARGO FL ~~34641~~	~~2200 TALL PINES DRIVE STE 100~~ LARGO FL ~~34641~~

3. Date Incorporated or Qualified: 11/23/1977
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2262410 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
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 7990 114th Ave. N	26 7990 114th Ave. N.
22 Suite, Apt. #, etc.: Suite 1, Bldg. 1200	27 Suite, Apt. #, etc.: Suite 1, Bldg. 1200
23 City & State: Largo, Florida	28 City & State: Largo, Florida
24 Zip: 33773 — 25 Country: Pinellas	29 Zip: 33773 — 30 Country: Pinellas

9. Name and Address of Current Registered Agent

CASTORO, WILLIAM M
~~2300 TALL PINES DR #113~~
LARGO FL ~~34641~~

10. Name and Address of New Registered Agent

81 Name: William M. Castoro
82 Street Address (P.O. Box Number is Not Acceptable): 7990 114th Ave. N, Suite 1, Bldg 1200
83
84 City: Largo FL 85 Zip Code: 33773

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

	Officer	
TITLE	P	☐ DELETE
NAME	CASTORO, WILLIAM M	
STREET ADDRESS	~~2200 TALL PINES DRIVE, #100~~	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	☐ DELETE
NAME	WHEELER, CHRISTOPHER	
STREET ADDRESS	8051 TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	☐ DELETE
NAME	BEYER, PATRICIA	
STREET ADDRESS	~~2200 TALL PINES DR #100~~	
CITY-ST-ZIP	LARGO FL	
TITLE	D	☐ DELETE
NAME	WOLFE, JUNE	
STREET ADDRESS	1000 WEST MCNAB	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	☒ Change ☐ Addition
1.2 NAME	William M. Castoro	
1.3 STREET ADDRESS	7990 114th Ave. N. Suite 1,	
1.4 CITY-ST-ZIP	Largo, FL 33773	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/T	☒ Change ☐ Addition
3.2 NAME	Patricia Beyer	
3.3 STREET ADDRESS	7990 114th Ave. N. Suite 1	
3.4 CITY-ST-ZIP	Largo, FL 33773	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	200001915742	
4.4 CITY-ST-ZIP	-08/08/96--01004--009	
5.1 TITLE	*****61.25 *****61.25	☐ 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		

CR2E037 (3/96)

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 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, or on an attachment with an address.

SIGNATURE: Patricia Beyer 6/19/96 813/541-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #