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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 842727 (0)

1. Corporation Name

BRUNING AND FEDERLE MFG. CO.



Principal Place of Business

Mailing Address

**2503 NORTHSIDE DR
STATESVILLE NC 28677
US**

**PO BOX 5547
STATESVILLE NC 28687-5547
US**

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

10. Name and Address of New Registered Agent

**PENNELL, EDWIN A.
3151 3RD AVE N.
SUITE 511, 300 BLDG. WEST
ST PETERSBURG FL 33713**

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **D EISELE, DOUGLAS G**
STREET ADDRESS: **320 WEST BRAD STREET**
CITY-STATE-ZIP: **STATESVILLE, N C 00000**

TITLE ☐ DELETE

NAME: **DV MILLS, RICKY**
STREET ADDRESS: **RT. 3, BOX 595**
CITY-STATE-ZIP: **TROUTMAN, N C 00000**

TITLE ☐ DELETE

NAME: **SD STROUD, CLARENCE L**
STREET ADDRESS: **RT 4 BOX 237B**
CITY-STATE-ZIP: **STATESVILLE, NC 00000**

TITLE ☐ DELETE

NAME: **PDT BASS, THOMAS**
STREET ADDRESS: **RT 1 BOX 102E**
CITY-STATE-ZIP: **TROUTMAN, N C 00000**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

**135 BAYFIELD ROAD
TROUTMAN, NC 28166**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

**254 CARTNER ROAD
STATESVILLE, NC 28677**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

**226 WINDING SHORE DRIVE
TROUTMAN, NC 28166**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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: **THOMAS H. BASS** *Thomas H. Bass* 1-15-96 (704) 873-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)