FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-195

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

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APPROVED AND FILED

95 MAY -1 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F34817** **(9)**

1. Corporation Name

SPECIALTY SCREW, INC.

Principal Place of Business	Mailing Address
1600 NORTH COUNTY ROAD STATE ROAD 427 LONGWOOD FL 32750	SPECIALTY SCREW, 2510 N CR 427 STATE ROAD 427 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1981	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2170225	☐ 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 1694 Timocaun Way 102	26 Specialty Screw
22 Suite, Apt. #, etc.: Unit 102	27 Suite, Apt. #, etc.: 1694 Timocaun #102
23 City & State: Longwood, Fl. 32750	28 City & State: Longwood, Fl. 32750
24 Zip: 32750 / 25 Country: Seminole	29 Zip: 32750 / 30 Country: Seminole

9. Name and Address of Current Registered Agent

BRAVO, CARMINE M., ESQ.
1450 STATE ROAD 434, SUITE 3
LONGWOOD FL 32750

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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BROUSSIAU, HERBERT R.	12 NAME	Brousseau, Herbert R.	
STREET ADDRESS	2510 N CR 437	13 STREET ADDRESS	1694 Timocaun Way Unit 102	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Longwood, Florida 32750	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BROUSSIAU, PAUL	22 NAME	Brousseau, Christine M.	
STREET ADDRESS	2510 N CR 427	23 STREET ADDRESS	1694 Timocaun Way Unit 102	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Longwood, Florida 32750	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	BROUSSIAU, JOAN	32 NAME	Brousseau, Paul	
STREET ADDRESS	2510 N CR 427	33 STREET ADDRESS	1694 Timocaun Way Unit 102	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	Longwood, Florida 32750	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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.

HERBERT R BROUSSEAU

SIGNATURE: Herbert R Brousseau 4-28-95

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

041A02 FP