

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F91887 (2)  
1. Corporation Name  
DAMAR MANUFACTURING, INC.



Principal Place of Business  
1430 S.W. 15TH AVENUE  
PO BOX 5007  
OCALA FL 32678

Mailing Address  
1430 S.W. 15TH AVENUE  
PO BOX 5007  
OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/25/1982

2. Principal Place of Business  
21 701 NW 37th Ave  
Suite, Apt. #, etc.  
22 PO Box 5007  
City & State  
23 Ocala FL  
Zip  
24 34478

2a. Mailing Address  
26 701 NW 37th Ave  
Suite, Apt. #, etc.  
27 PO Box 5007  
City & State  
28 Ocala FL  
Zip  
29 34478

4. FEI Number  
59-2215478

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAINES, BRIAN P.  
1430 SW 15TH AVENUE  
OCALA FL 32674

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAINES, DAVID J	
STREET ADDRESS	2133 N.E. 7 STREET	
CITY-ST-ZIP	OCALA, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAINES, MARK D.	
STREET ADDRESS	1430 SW 15 AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAINES, BRIAN P.L	
STREET ADDRESS	1430 SW 15 AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAINES, MARY L.	
STREET ADDRESS	1430 SW 15 AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 NW 37th Ave
1.4 CITY-ST-ZIP	Ocala, FL 34475
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 NW 37th Ave
2.4 CITY-ST-ZIP	Ocala, FL 34475
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	701 NW 37th Ave
3.4 CITY-ST-ZIP	Ocala, FL 34475
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 NW 37th Ave
4.4 CITY-ST-ZIP	Ocala FL 34475
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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

Brian P. Baines

12/31/97

59-2215478

CR2E034 (10/97)