

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90115 015 ***150.00

DOCUMENT # F92000000968

1. Corporation Name

EXCEL INDUSTRIES, INC.



Principal Place of Business

**1120 NORTH MAIN STREET
ELKHART IN 46514
US**

Mailing Address

**1120 NORTH MAIN STREET
ELKHART IN 46514
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1992

4. FEI Number

35-1551685

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1120 N Main Street
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Elkhart, IN

City & State

28

Zip Country

24 46514 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 VP ☐ DELETE

NAME **PAQUETTE, MICHAEL C**

STREET ADDRESS **1120 N MAIN**

CITY-ST-ZIP **ELKHART IN 46514**

TITLE VP ☐ DELETE

NAME **PICKERING, ROBERT A 1120**

STREET ADDRESS **1120 N MAIN ST**

CITY-ST-ZIP **ELKHART IN 46514**

TITLE VP ☐ DELETE

NAME **EIKELBERNER, IKE K**

STREET ADDRESS **1120 N MAIN STREET**

CITY-ST-ZIP **ELKHART IN 46514**

TITLE V ☐ DELETE

NAME **LUNDBERG, TERRANCE L**

STREET ADDRESS **1120 N MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

TITLE ST ☐ DELETE

NAME **ROBINSON, JOSEPH A**

STREET ADDRESS **1120 N MAIN ST**

CITY-ST-ZIP **ELKHART IN**

TITLE V ☐ DELETE

NAME **KRZYZEWSKI, JAMES M**

STREET ADDRESS **1120 N MAIN ST**

CITY-ST-ZIP **ELKHART IN**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHAIRMAN PRESIDENT CEO ☐ Change ☒ Addition

1.2 NAME

JAMES O. FUTTERKNECHT, JR.

1.3 STREET ADDRESS

1120 N MAIN STREET

1.4 CITY-ST-ZIP

ELKHART IN 46514

2.1 TITLE

VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME

JAMES E. CRAWFORD

2.3 STREET ADDRESS

1120 N. MAIN STREET

2.4 CITY-ST-ZIP

ELKHART IN 46514

3.1 TITLE

VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME

LOUIS R. CSOKASY

3.3 STREET ADDRESS

1120 N MAIN STREET

3.4 CITY-ST-ZIP

ELKHART, IN 46514

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

JOSEPH A. ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. ROBINSON

Date

Daytime Phone #

CR2E034 (1/98)