FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:25

DOCUMENT # **F94000001210 (3)**

1. Corporation Name
MESA INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1560 LEXINGTON AVE DELAND FL 32724	1560 LEXINGTON AVE DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2507
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2507 S. Uniroyal Road
City & State 23	City & State 28 Opelika, AL
Zip 24 / Country 25	Zip 29 36803-2507 / Country 30 USA

4. FEI Number: 63-0739417 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARMIENTO, BEN 1560 LEXINGTON AVE DELAND FL 32724	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	C	11 TITLE	☐ Change ☐ Addition
NAME	PICK, LEWIS A III	12 NAME	
STREET ADDRESS	120 MITCHAM AVE	13 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	14 CITY-ST-ZIP	
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, ROBERT L	22 NAME	
STREET ADDRESS	1309 MORRIS AVE	23 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, PAUL G	32 NAME	
STREET ADDRESS	2507 S. UNIROYAL RD	33 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	GILBERT, RAY W JR	42 NAME	
STREET ADDRESS	2507 S. UNIROYAL RD	43 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL	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.

SIGNATURE: Ray W. Gilbert, Jr. 4.10.95 334 749-8308
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
RAY W. GILBERT, JR.

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