SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -7 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003186 (3)**

1. Corporation Name
MOR-FLO INDUSTRIES, INC.

Principal Place of Business	Mailing Address
401 CITY AVE., #509 BALA CYNWYD PA 19004	401 CITY AVE., #509 BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 500 PRINCETON ROAD	2a. Mailing Address: 26 100 GALLERIA PKWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 900
City & State 23 JOHNSON CITY TN	City & State 28 ATLANTA GA
Zip 24 37601 Country 25 USA	Zip 29 30339 Country 30 USA

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:
4. FEI Number: 34-0299600 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 ______ 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	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	HALL, GRAHAM H	1.2 NAME	HALL, GRAHAM H.
STREET ADDRESS	501 CITY AVE., #509	1.3 STREET ADDRESS	100 GALLERIA PKWY, #900
CITY-ST-ZIP	BALA CYNWYD PA 19004	1.4 CITY-ST-ZIP	ATLANTA GA 30339
TITLE	STD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	EWASKA, WILLIAM M	2.2 NAME	HACKNEY, EDWARD T.
STREET ADDRESS	401 CITY AVE., #509	2.3 STREET ADDRESS	100 GALLERIA PKWY, #900
CITY-ST-ZIP	BALA CYNWYD PA 19004	2.4 CITY-ST-ZIP	ATLANTA GA 30339
TITLE		3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	BOOTH, DOUGLAS A.
STREET ADDRESS		3.3 STREET ADDRESS	500 PRINCETON ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JOHNSON CITY TN 37601
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	ALLERT, RICHARD H.
STREET ADDRESS		4.3 STREET ADDRESS	LEVEL 23, 91 KING WM. ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ADELAIDE, SA. 5000
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Edward T. Hackney 6/20/95 404-857-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178412 FP