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

APPROVED AND FILED

95 APR 11 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003606 (0)**

1. Corporation Name
HARTZELL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2516 WABASH AVE ST PAUL MN 55114	2516 WABASH AVE ST PAUL MN 55114

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4100 North Powerline Road	26 P.O. Box 64529
Suite, Apt. #, etc. 22 Suite A2	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 St. Paul, MN
Zip / County 24 33073 / 25	Zip / County 29 55164-0529 / 30 USA

4. FEI Number: APPLIED FOR 65-0502437 ☐ 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 authority 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	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 _____ (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	KASEL, DWAIN	12 NAME	
STREET ADDRESS	2516 WABASH AVE	13 STREET ADDRESS	
CITY ST ZIP	ST PAUL MN 55114	14 CITY ST ZIP	
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	FINN, THOMAS	22 NAME	Finn, Thomas
STREET ADDRESS	2516 WABASH AVE	23 STREET ADDRESS	4100 North Powerline Road, Suite A2
CITY ST ZIP	ST PAUL MN 55114	24 CITY ST ZIP	Pompano Beach, FL 33073
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	BARBER, DONN P	32 NAME	
STREET ADDRESS	2516 WABASH AVE	33 STREET ADDRESS	
CITY ST ZIP	ST PAUL MN 55114	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CINA, PHILIP M	42 NAME	
STREET ADDRESS	2516 WABASH AVE	43 STREET ADDRESS	
CITY ST ZIP	ST PAUL MN 55114	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, TIMOTHY D	52 NAME	
STREET ADDRESS	2516 WABASH AVE	53 STREET ADDRESS	
CITY ST ZIP	ST PAUL MN 55114	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: Thomas Finn **President/Director** 4/5/95 (305) 979-7909

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION — Date — Daytime Phone #

0480250 FP