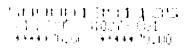
# F95000000460

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: Semi-Mounts, Inc.



(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tra Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	nsact Business in above referenced
Please return all correspondence concerning this matter to the following:	
(Name of Person)	Cþ1/27
(Firm/Company)	
353 East Forsyth Street	Pr SECI
(Address)	SION OF C
Jacksonville, FL 32202	::
(City, State and Zip Code)	ED OF ST Deposit
Should you need to call someone concerning this matter, please call:	28 :11: 28
Glenn K. Allen at ( 904 ) 355 - 7506 (Name of Person) Area Code & Daytime Telephone Number	

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. <u>Ceorgia</u> (State or country under the law of w	hich it is incorpora	3.	( FEI numb	or, if applica	olo)	
4. 7-20-84 (Date of Incorporation)						
(Date of Incorporation)	- (1	Duration:	Year corp. w	ll cease to e	xist or "perpetual"	7
6. 1-1-95 (Date first transacted business in Flo	Orida. (See sections 0	07.1501, 60	7,1502, and 817	.155, F.S.)	95 J	DIVIS
7. Semi-Mounts, Inc. Post Office Box 562 Indian Rocks Beach,		<del></del>		·······	AN 27	왕왕
(Curren	t mailing address)				77=	35E
8. <u>manufacturer of jewe</u> (Purpose(s) of corporation author	1 ry ized in home state	or count	ry to be carrie	d out in the	state of Florida)	हे हुई <u>135</u> 74
9. Name and street address					•	I
Name:G1	enn K. Aller	1, P.A	4	_		
Office Address: 35.	3 East Fors	th St	reet	_		
Jac	cksonville			Florida	32202	
					(Zip Code)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered ågent's signature)

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar

with and accept the obligations of my position as registered agent.

#### 12. Names and addresses of officers and/or directors:

A. DIRECTO	วกร		

	Chairman: <u>Art Keele</u> //A  Address: <u>P. O. Box 562, Indian Rocks, Fl.</u>	34635
	Vice Chairman:David_McRae	
	Address: 1618 Murdock Road Pittsburgh, PA 15217	
	Director:	
	Address:	
	Director:	
	Address:	
В.	OFFICERS	95. Siang
	President:David McRae	
	Address: 1618 Murdock Road	27 27
	Pittsburgh, PA 15217	Verse Oreget Mill:
	Vice President: _Art Keele	
	Address: Post Office Box 562  Indian Rocks, FL 34635	88 / The
	Secretary: <u>Art Keele</u>	
	Address:	
	Treasurer: Art Keele	
	Address:	
IOTE: nd/or	If necessary, you may attach an addendum to the application listin directors.	g additional offic

N ers

(Si \_nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Art Keele
(Typed or printed name and capacity of person signing application)

Secretary of State Unsiness Services and Regulation Suite 315, West Comer 2 Martin Unther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 943330585
CONTROL NUMBER : 8410688
DATE INC/AUTH/FILED: 07/20/1984
JURISDICTION : GEORGIA
PRINT DATE : 11/29/1994
FORM NUMBER : 211

GLENN K ALLEN 353 EAST FORSYTH STREET JACKSONVILLE FL 32202 SECRETARY OF STATE OF STATE OF COMPONING OF COMPONING CO

#### CERTIFICATE OF EXISTENCE

I. MAX CLELAND. Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### SEMI-MOUNTS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

SECRETARY OF STATE

VERLEY J. SPIVEY

DEPUTY SECRETARY OF STATE

1776 SECURITIES

656-2894

CEMETERIES 656-3079 CORPORATIONS 656-2817 CORPORATIONS HOT LINE 404-656-2222 Outside Metro-Atlanta