

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000525 (3)

1. Corporation Name

ATWOOD INDUSTRIES, INC.

Principal Place of Business

1400 EDDY AVE.
ROCKFORD IL 61103

Mailing Address

1400 EDDY AVE.
ROCKFORD IL 61103-3171



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 c/o Excel Industries, Inc.

Suite, Apt. #, etc.

27 1120 N. Main Street

City & State

28 Elkhart, IN

Zip

29 46514

Country

30 USA

3. Date Incorporated or Qualified

01/31/1996

3a. Date of Last Report

4. FEI Number

36-3036330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PDC ☒ DELETE

NAME ANDERSON, JOHN R

STREET ADDRESS 803 N. CHURCH ST.

CITY - ST - ZIP ROCKFORD IL 61103

TITLE STD ☒ DELETE

NAME BACH, DUANE R

STREET ADDRESS 803 N. CHURCH ST.

CITY - ST - ZIP ROCKFORD IL 61103

TITLE P ☒ DELETE

NAME GOODE, FRANK R

STREET ADDRESS 1400 EDDY AVE.

CITY - ST - ZIP ROCKFORD IL 61103

TITLE PD ☐ DELETE

NAME PICKERING, ROBERT A

STREET ADDRESS 4750 HIAWATHA DR.

CITY - ST - ZIP ROCKFORD IL 61103

TITLE D ☒ DELETE

NAME GURNITZ, ROBERT N

STREET ADDRESS 5011 PARLIAMENT PLACE

CITY - ST - ZIP ROCKFORD IL 61107

TITLE D ☒ DELETE

NAME REILLY, J P

STREET ADDRESS 644 E. SPRUCE ST.

CITY - ST - ZIP LAKE FOREST IL 60045

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ 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 Secretary/Treasurer ☐ Change ☒ Addition

2.2 NAME Joseph A. Robinson

2.3 STREET ADDRESS 1120 N. Main Street

2.4 CITY - ST - ZIP Elkhart, IN 46514

3.1 TITLE Assistant Treasurer ☐ Change ☒ Addition

3.2 NAME Ike K. Eikelbner

3.3 STREET ADDRESS 1120 N. Main Street

3.4 CITY - ST - ZIP Elkhart, IN 46514

4.1 TITLE Vice President ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Vice President ☐ Change ☒ Addition

5.2 NAME Louis R. Csokasy

5.3 STREET ADDRESS 1120 N. Main Street

5.4 CITY - ST - ZIP Elkhart, IN 46514

6.1 TITLE Assistant Treasurer ☐ Change ☒ Addition

6.2 NAME Steven Boyle

6.3 STREET ADDRESS 1120 N. Main Street

6.4 CITY - ST - ZIP Elkhart, IN 46514

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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: *Joseph A. Robinson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

Date

Daytime Phone #

CR2E034 (9/96)