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

Mailing Address

1120 N. MAIN STREET

ELKHART IN 46514

C/O EXCEL INDUSTRIES. INC.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600000525

1. Corporation Name

Principal Place of Business

4750 HJAWATHA DRIVE ROCKFORD IL 61110-509

US

ATWOOD INDUSTRIES, INC.

00		US			3. Date Incorporated or Qualifed 01/31/1996	-	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	7	Applied For
	4750 Hiawatha Dr. 26				36-3036330		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27	7		5. Certificate of Status Desired	Fee F	Required : .
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23 Rockford, II. 28					Trust Fund Contribution	Added	d to Fees
Zip Country Zip			Country	1	8. This corporation owes the current year li	ntangible	
24 61110-4509 [25] USA [29] [30					Personal Property Tax.	☐ Yes	□No
- · L	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered	d Agent	<u>-</u> .
			81	Name			
C T CORPORATION SYSTEM			82	Street A	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			"	,			
PLANTATION FL 33324			83	Ī			
	•		-	City		. 85 Zij	Code
			84	City	F	L °° '	0000
office or re agent. I as	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida, Such change was authors of, Section 607.0505, Florida	onzed by Statutes	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as	registered
	Signature, typed or printed name of registered agent a			nt signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	FORS IN 12
12.	, , or locatorate butter of		13.			☐ Change	
TITLE	D SUPERIOR OF THE PROPERTY OF	☐ DELETE	1.1 TITLE		D P	A summy	
NAME	FUTTERKNECHT, JAMES O JR		1.2 NAME		FUTTERKNECHT, JAMES O JR		[
STREET ADDRESS	1120 N MAIN STREET			T ADDRESS	1120 N MAIN STREET		
CITY-ST-ZIP.	ELKHART IN 46514				ELKHART IN 46514	CT Change	e [] Addition
TITLE '	D	☐ DELETE	2.1 TITLE		D S T	Change X	e
NAME	ROBINSON, JOSEPH A		2.2 NAME		ROBINSON, JOSEPH A		
STREET ADDRESS	1120 N MAIN STREET		2.3 STREE	TADORESS	1120 N MAIN STREET		J
CITY-ST-ZIP	ELKHART IN 46514		2.4 CITY-ST-ZIP		-ELKHART IN 46514	- Chang	e Addition
TITLE	AT	☐ DELETË	3,1 TITLE			□ cuang	e Ctyngingii
NAME	EIKELBERNER, IKE K.		3.2 NAME				
STREET ADDRESS	1120 N. MAIN STREET		3.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	ELKHART IN		3.4. CITY-	ST-ZIP		- Charac	
TITLE	VP ·	☐ DELETE	4.1 TITLE			☐ Chang	e Addition
NAME	PICKERING, ROBERT A		4, 2 NAME				•
STREET ADDRESS	4750 HIAWATHA DR.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	ROCKFORD IL		4.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	5.1 TITLE			Chang	ge Addition
NAME	CSOKASY, LOUIS R.		5.2 NAME				
STREET ADDRESS	1120 N. MAIN STREET			ET ADDRESS			
CITY-ST-ZIP	ELKHART IN	-	5.4 CITY-				
TITLE	AT	☐ DELETE	6.1 TITLE			☐ Chang	ge
NAME	BOYLE, STEVEN		6.2 NAME				!
STREET ADDRESS	1120 N. MAIN STREET	·	6.3 STREE	ET ADDRESS			
CITY+ST-ZIP	ELKHART IN	1	6.4 CITY-	ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered. Kroseph A ERobinson **SIGNATURE**

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90127 012 ***150.00

DO NOT WRITE IN THIS SPACE