

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:39

DOCUMENT # **G38773** (9)

1. Corporation Name
SUREWAY FASTENER, INC.

Principal Place of Business 8410 MEADOWBROOK DR. LARGO FL 34647 6340-90th Avenue N. Pinellas Park, FL 34666	Mailing Address 8410 MEADOWBROOK DR. LARGO FL 34647 6340-90th Avenue N. Pinellas Park, FL 34666
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6340-90th Avenue N. Suits, Apt. #, etc. 22 City & State 23 Pinellas Park, FL Zip 24 34666	2a. Mailing Address 25 6340-90th Avenue N. Suits, Apt. #, etc. 27 City & State 28 Pinellas Park, FL Zip 29 34666	3. Date Incorporated or Qualified 05/17/1983	3a. Date of Last Report 02/28/1994	4. FEI Number 59-1843217 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under <input type="checkbox"/> 198-032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	---	---	---	--

9. Name and Address of Current Registered Agent PIPER, JAN J. 501 FIRST AVENUE NORTH SUITE 000 ST. PETERSBURG FL 33701	10. Name and Address of New Registered Agent 81 Name Piper, Jan J. 82 Street Address, (P.O. Box Number is Not Acceptable) 609 First Avenue N. 83 84 City St. Petersburg FL 85 33701
--	--

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 _____ (NAME) Registered Agent Signature (Required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP LEWIS, TERRENCE E 8410 MEADOWBROOK DR. LARGO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6340-90th Avenue N. Pinellas Park, FL 34666
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD LEWIS, BONNIE S. 8410 MEADOWBROOK DR. LARGO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6340-90th Avenue N. Pinellas Park, FL 34666
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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: *Bonnie S. Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bonnie S. Lewis, President

7/11/95