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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H32837

(7)

A & D MANUFACTURING, INC.

FILED
May 15 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address			n till kan i den mit tiener sande tiber come ments dinter mente meter delter detter detter in der				
% DONALD RHOAT 3233 OLEANDER AVE., BLDG. NO. 6 FT. PIERCE FL 34982-6408		% DONALD RHOAT 3233 OLEANDER AVE., BLDG. NO. 6 FT. PIERCE FL 34982-6425					
				 Date Incorporated or Qualified 12/06/1984 	3a. Date 05/01/		eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21	26			59-2447961		No	ot Ap plicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22	27	· · · · · · · · · · · · · · · · · · ·		Continues of States Desired		Fee Re	equired
City & State	City & State			6. Election Campaign Financing	r		May Be
23	28		-4	Trust Fund Contribution	<u> </u>		to Fees
Zip Country	Zip	Cou	riiry	8. This corporation has liability for	r intangible ta:		. 199.032,
9. Name and Address of 0	29 Current Registered Agent	30		Florida Statutes 10. Name and Address of New R			
RHOAT, DONALD	Satisfie Lieding Con Library		81 Name	10. Harris and Addition of Horr F.	ogiotorou rig	VIII	
3233 OLEANDER AVE.							
BLDG, NO. 6		i	82 Street Add	ress (P.O, Box Number is Not Accepta	ible)		
FT. PIERCE FL 33450		l	83		· · · · · · · · · · · · · · · · · · ·		
11: 11:10:11: 00400							
			84 City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 6	7.0000 CO7.1000 Florida Ci	1 400 450 -		anoting - traits this statement for the		annina li	to cocintores
SIGNATURE Signature, typed or printed name of register. 12. OFFICE	ered agont and title if applicable (I	NOTE Registered	i Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IBECTÓE	S IN 12
Title PD	DELETE	1.1 10	n e	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME RHOAT, DONALD		1.2 N/	1		_	3 0.13.1.90	
STREET ADDRESS 3233 OLEANDER AVE., 4	is		REET ADDRESS				
CITY - SI - ZIP FT. PIERCE FL	-		TY-ST-ZIP				
TILE	DELETE	2.1 10				Change	Additio
NAME	_	2.2 N				- •	
STREET ADDRESS			REET ADDRESS	-			
CITY-ST-ZIP			ITY-ST-ZIP				
TITEF	DELETE	317		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		32 N/	AME				
STREET ADDRESS		3351	REET ADDRESS				
CITY-SI-ZP			ITY-ST-ZIP				
MILE	☐ DELETE	4.1 TE				Change	Addition
NAMÉ		4. 2 N	AME				
STREET ADDRESS		4.3 \$1	REET ADDRESS				
City-St-ZiP		4.4 CI	TY-ST-ZIP				
TITLE	DELETE	5.1 T(TLE		L	Change	Addition
NAMÉ.		5.2 N/	W E				
STREET ADDRESS		5.3 \$1	REET ADDRESS				
City+St+7IP		5.4 Ci	TY-ST-ZIP				
TITLE	DELETE	6.1 TI	TLE			Change	Additio
NAME		6.2 N/	AME				
STREEL ADDRESS		6.3 \$1	rreet address				
City - St - 2iP		6.4 C	TY-ST-24P				

14. I do 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.

SIGNATURE

CONTROL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-97

561-464-6727

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