## **2004 FOR PROFIT CORPORATION**

## **Secretary of State** ANNUAL REPORT 01-29-2004 90032 010 \*\*\*158.75 DOCUMENT # H55774 1. Entity Name FLORIDA SPRING MANUFACTURING, INC. 94009316 Principal Place of Business Mailing Address 988 INDUSTRIAL DR. 460 SOUTH INDIANA AVENUE CHIPLEY, FL 32428 US ENGLEWOOD, FL 34223-3702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 59-2554091 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent-Name and Address of New Registered Agent DICKINSON, ROBERT A 460 S. INDIANA AVE. ENGLEWOOD, FL 34223 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. -- OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' Delete ☐ Change **X** Addition TITLE PDST Carol Basnaw BASNAW, ROBERT L. NAME T ADDRESS 2714 ORANGE HILL RD. STREET ADDRESS 2174 Orange Hill Road Chipley, FL 32428 CITY-ST-7IP ST-ZIP CHIPLEY, FL 32428 Delete Addition TITLE effrey R. adams NAME SCHER, DAVID A. NAME STREET ADDRESS PO BOX 642 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERNON, FL 32462 M Addition Delete TITLE TITLE BASNAW, CAROL A NAME STREET ADDRESS 2714 ORANGE HILL ROAD STREET ADDRESS CITY-ST-7IP CHIPLEY, FL 32428 CITY-ST-7/P TITLE Delete TITLE ☐ Change ■ Addition BASNAW, BRENDA L NAME 2714 ORANGE HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY, FL 32428 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME : CL

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 29, 2004 8:00 am