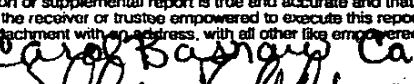


FILED
Apr 13, 2005 8:00 am
Secretary of State

↑ ↓ ↓ ↓ ↓ ↓ ↓ ↓

DOCUMENT # H55774 1. Entity Name FLORIDA SPRING MANUFACTURING, INC.				04-13-2005 90068 037 ***158.75	
Principal Place of Business 988 INDUSTRIAL DR. CHIPLEY, FL 32428 US		Mailing Address  Florida Spring Mfg. Inc. 988 Industrial Dr. Chipley, FL 32428			
2. Principal Place of Business		3. Mailing Address		04062005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2554091	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASNAW, CAROL A 2114 ORANGE HILL RD CHIPLEY, FL 32428				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSDT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BASNAW, CAROL		NAME		
STREET ADDRESS	2714 ORANGE HILL RD.		STREET ADDRESS		
CITY- ST- ZIP	CHIPLEY, FL 32428		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ADAMS, JEFFREY R		NAME		
STREET ADDRESS	2714 ORANGE HILL ROAD		STREET ADDRESS		
CITY- ST- ZIP	CHIPLEY, FL 32428		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 errors corrected.					
SIGNATURE: 		4-13-5 850-638-7592			
PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		Daytime Phone #			