

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:40

DOCUMENT # **J01281** (1)

1. Corporation Name

METHOD MANUFACTURING, INC.

Principal Place of Business

106 12TH STREET N.
P.O. BOX 236
BRADENTON BEACH, FL. 34217

Mailing Address

106 12TH STREET N.
P.O. BOX 236
BRADENTON BEACH, FL. 34217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1986

3a. Date of Last Report

04/04/1994

4. FEI Number

59-2637844

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 4412 101st St. W.

2a. Mailing Address

26 106 12th St. No.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Bradenton, Fl.

28 City & State

Bradenton Bch. Fl.

24 Zip

34210

25 Country

Manatee

29 Zip

34217

30 Country

Manatee

9. Name and Address of Current Registered Agent

COLE, GAIL R.
106 12TH STREET N.
BRADENTON BEACH FL 34217

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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

Signature (typed or printed name of registered agent and tax ID applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | COLE, GAIL R. |
| STREET ADDRESS | 106 12TH STREET NO. |
| CITY, ST, ZIP | BRADENTON BEACH FL |
| TITLE | D |
| NAME | COLE, RALPH L. |
| STREET ADDRESS | 106 12TH STREET NO. |
| CITY, ST, ZIP | BRADENTON BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Gail R. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

Date

Register Printer #