

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J14670 (0)
1. Corporation Name
TOWN+FLEX HOSE MANUFACTURING COMPANY, INC.



Principal Place of Business Mailing Address
10251 SE 110TH ST RD 10251 SE 110TH ST RD
P.O. BOX 221 P.O. BOX 221
CANDLER FL 32111 CANDLER FL 32111-0221

3. Date Incorporated or Qualified 05/19/1986 3a. Date of Last Report 01/25/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country
24 25 29 30

4. FEI Number 59-2709385 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TOWNLEY, J.O.
10251 SE 110TH ST RD
CANDLER FL 32111
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TOWNLEY, J.O. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, J.O.	1.2 NAME	
STREET ADDRESS	PO BOX 221, TOWNLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	1.4 CITY-ST-ZIP	
TITLE	TD TOWNLEY, HELEN T. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, HELEN T.	2.2 NAME	
STREET ADDRESS	PO BOX 221, NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	2.4 CITY-ST-ZIP	
TITLE	VD TOWNLEY, WILLIAM P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, WILLIAM P.	3.2 NAME	
STREET ADDRESS	PO BOX 221, NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	3.4 CITY-ST-ZIP	
TITLE	PD HALL, SARAH T. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SARAH T.	4.2 NAME	
STREET ADDRESS	PO BOX 221, NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	4.4 CITY-ST-ZIP	
TITLE	VD TOWNLEY, TIMOTHY J. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, TIMOTHY J.	5.2 NAME	
STREET ADDRESS	PO BOX 201, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	5.4 CITY-ST-ZIP	
TITLE	VD TOWNLEY, J O JR. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, J O JR.	6.2 NAME	
STREET ADDRESS	PO BOX 221, NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANDLER FL	6.4 CITY-ST-ZIP	

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: *Sarah T. Hall* 1-27-97 352-687-304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (9/96)