

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS *
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DOCUMENT # J14670 (0)
1. Corporation Name
TOWN+FLEX HOSE MANUFACTURING COMPANY, INC.

Principal Place of Business 10251 SE 110TH ST RD P.O. BOX 221 CANDLER FL 32111	Mailing Address 10251 SE 110TH ST RD P.O. BOX 221 CANDLER FL 32111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/19/1986	
4. FEI Number 59-2709385		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TOWNLEY, J.O. 10251 SE 110TH ST RD CANDLER FL 32111			10. Name and Address of New Registered Agent 81 Name SARAH T. DEAN 82 Street Address (P.O. Box Number is Not Acceptable) 1051 SE 110th St Rd 83 CANDLER, FL 32111 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	D	TOWNLEY, J.O.	PO BOX 221, TOWNLEY RD CANDLER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	TD	TOWNLEY, HELEN T.	PO BOX 221, NA CANDLER FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	Helen L Townley	PO BOX 221 CANDLER, FL 32111
<input type="checkbox"/> DELETE	VD	TOWNLEY, WILLIAM P.	PO BOX 221, NA CANDLER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	PD	HALL, SARAH T.	PO BOX 221, NA CANDLER FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/S/T/D	SARAH T DEAN	PO BOX 213 CANDLER, FL 32111
<input type="checkbox"/> DELETE	VD	TOWNLEY, TIMOTHY J.	PO BOX 201, NA CANDLER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	VD	TOWNLEY, J O JR.	PO BOX 221, NA CANDLER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. 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 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 *[Signature]* **SARAH T DEAN** **1-28-98**

CR2E034 (10/97)