FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J99198** **(0)**

1. Corporation Name
RUNNELLS MANUFACTURING, INC.

Principal Place of Business	Mailing Address
6934 VICKIE CIRCLE WEST MELBOURNE FL 32904	6934 VICKIE CIRCLE WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/23/1987**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **59-2853327** ☐ 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

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered agent signature required when submitting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RUNNELLS, ROBERT M.	12 NAME	
STREET ADDRESS	1215 AMBRA DR	13 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HORSCHEL, KATHY	22 NAME	
STREET ADDRESS	360 EAST DRIVE	23 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP	
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	SCHELL, MAX E.	32 NAME	
STREET ADDRESS	2650 LARRY COURT	33 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	SCHELL, SALLY A.	42 NAME	Removed.
STREET ADDRESS	2650 LARRY COURT	43 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	RUNNERS, REBECCA J.	52 NAME	RUNNELLS, REBECCA J.
STREET ADDRESS	1215 AMBRA DR.	53 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	VP RONALD W. MORSE, JR.
STREET ADDRESS		63 STREET ADDRESS	885 NORDEN ST, N.W.
CITY ST ZIP		64 CITY ST ZIP	PALM BAY, FL. 32907

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 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: Robert M. Runnells ROBERT M. RUNNELLS 4/24-95 407-728-9364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007310 CP