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 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **K18150** **(8)**

1. Corporation Name
F & S INDUSTRIES, INC.

Principal Place of Business
% CYNTHIA C. SLACK
P.O. BOX 3686
OCALA FL 32678

Mailing Address
% CYNTHIA C. SLACK
P.O. BOX 3686
OCALA FL 32678

3. Date Incorporated or Qualified: 03/15/1988
3a. Date of Last Report: 04/25/1994

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

4. FEI Number: 59-3012615 — 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
SLACK, CYNTHIA C.
1417 SW 17TH STREET
OCALA FL 32674

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 _____
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	DP	1.1 TITLE	D T S	☒ Change ☐ Addition
NAME	SLACK, CYNTHIA C.	1.2 NAME	Slack, Cynthia C.	
STREET ADDRESS	1417 SW 17TH ST	1.3 STREET ADDRESS	1417 S.W. 17th Street	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Fl 34474	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FAIR, LEXIE	2.2 NAME	No Longer a Director	
STREET ADDRESS	1417 S.W. 17TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	FAIR, DIANE M.	3.2 NAME	No Longer a Director	
STREET ADDRESS	1417 S.W. 17TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D P	☐ Change ☒ Addition
NAME		4.2 NAME	Fair, Robert C.	
STREET ADDRESS		4.3 STREET ADDRESS	1417 S.W. 17th Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, Fl 34474	
TITLE		5.1 TITLE	D V	☐ Change ☒ Addition
NAME		5.2 NAME	Slack, Michael	
STREET ADDRESS		5.3 STREET ADDRESS	1417 S.W. 17th Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ocala, Fl 34474	
TITLE		6.1 TITLE	D V	☐ Change ☒ Addition
NAME		6.2 NAME	Slack, Christopher A	
STREET ADDRESS		6.3 STREET ADDRESS	1417 S.W. 17th Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocala, Fl 34474	

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)(k), 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: D T S — 4/26/95 — 904-622-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Cynthia C. Slack

0487918 FP