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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:46

DOCUMENT # K32387 (8)

1. Corporation Name
GRIBETZ THREADS, INC.

MAIL

Principal Place of Business	Mailing Address
13800 NW 4TH ST. SUNRISE FL 33325-6207 US	NO. 1 LEGGETT ROAD CARTHAGE MO 64836 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/06/1988
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: No. 1 Leggett Road
22: Suite, Apt. #, etc.:
23: City & State: Carthage, MO
24: Zip: 64836
25: Country:

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

4. FEI Number: 65-0078716 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, THOMAS D	1.2 NAME	
STREET ADDRESS	ONE LEGGETT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	1.4 CITY-ST-ZIP	
TITLE	CCEO	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIBETZ, MICHAEL	2.2 NAME	
STREET ADDRESS	13800 NW 4TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	PCOO	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, M. BURL	3.2 NAME	
STREET ADDRESS	13800 NW 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	GLAUBER, MICHAEL	4.2 NAME	
STREET ADDRESS	ONE LEGGETT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	HIGDON, SUSAN S	5.2 NAME	
STREET ADDRESS	100 LEGGETT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	5.4 CITY ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	PURSER, KENNETH W	6.2 NAME	
STREET ADDRESS	NO. 1 LEGGETT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	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 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: Kenneth W. Purser 3/31/95 417-358-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #