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
95 MAY -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41700 (1)

1. Corporation Name
TORRINGTON BRUSH OF FLORIDA, INC.

Principal Place of Business
4366 INDEPENDENCE CT.
SARASOTA FL 34234
US

Mailing Address
~~% C T CORPORATION SYSTEM~~
~~9751 WEST BROWARD BLVD.~~
~~PLANTATION FL 33324~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1988
3a. Date of Last Report: 04/05/1994

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

2a. Mailing Address
26 Torrington Brush of Florida
Suite, Apt. #, etc.
27 4366 Independence CT
City & State
28 Sarasota FL
Zip 29 34234 Country 30 US

4. FEI Number: 65-0085432 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
~~CT CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent
81 Name: SIDNEY W. FITZGERALD
82 Street Address (P.O. Box Number is Not Acceptable): 5151 EVERWOOD RUN
83
84 City: Sarasota FL 85 Zip Code: 34234

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: (Typed or Printed Name of Registered Agent and Title if applicable) NOTE: Registered Agent signature required after resignation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, SIDNEY W.,JR	1.2 NAME	
STREET ADDRESS	5151 EVERWOOD RUN	1.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, or 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 is added in addition with an address.

SIGNATURE: 4-14-95 813-355-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0231444 CP