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 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14965** **(2)**

1. Corporation Name
GREAT AMERICAN FENCE CO INC.

Principal Place of Business	Mailing Address
% DARYL E DUFRANE ~~0397 GULFSTREAM BLVD~~ ~~ENGLEWOOD FL 34224~~	% DARYL E DUFRANE ~~0397 GULFSTREAM BLVD~~ ~~ENGLEWOOD FL 34224~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 5286 PALENA BLVD
Suite, Apt. #, etc. 22:
City & State 23: NORTH PORT FL
Zip 24: 34287 Country 25: SARASOTA

2a. Mailing Address
26: 5286 PALENA BLVD
Suite, Apt. #, etc. 27:
City & State 28: NORTH PORT FL
Zip 29: 34287 Country 30: SARASOTA

4. FEI Number: 65-0148356 ☐ 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

DUFRANE, DARYL E.
~~0397 GULFSTREAM BLVD~~
~~ENGLEWOOD FL 34224~~

10. Name and Address of New Registered Agent

61 Name: DUFRANE, DARYL E
62 Street Address (P.O. Box Numbers Not Acceptable): 5286 PALENA BLVD
63:
84 City: NORTH PORT FL 85 Zip Code: 34287

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: Daryl E. DuFrane DARYL E. DUFRANE 4/27/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	DUFRANE, DARYL E.	12 NAME	
STREET ADDRESS	~~0397 GULFSTREAM BLVD~~ 5286 PALENA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ NORTH PORT, FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Daryl E. DuFrane DARYL E. DUFRANE 4/27/95 813-423-8385
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

044A01 FP