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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L14965 (2)

1. Corporation Name

GREAT AMERICAN FENCE CO INC.

Principal Place of Business	Mailing Address
5286 DALENA BLVD NORTH PORT FL 34287 US	5286 PALENA BLVD 9397 GULFSTREAM BLVD NORTH PORT FL 34287 US

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 5954 SPEARMAN CR.
22: Suite, Apt. #, etc.
23: City & State: NORTH PORT, FL
24: Zip: 34287
25: Country: SARASOTA

2a. Mailing Address
26: 5954 SPEARMAN CR
27: Suite, Apt. #, etc.
28: City & State: NORTH PORT, FL
29: Zip: 34287
30: Country: 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.
5286 PALENA BLVD
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name: DUFRANE, DARYL E.
82 Street Address (P.O. Box Numbers Not Acceptable): 5954 SPEARMAN CR
83:
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 (OWNER-CEO) 4/23/96
Signature, type or print name of registered agent (attach additional sheet if more than one) (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFRANE, DARYL E. ~~5286 PALENA BLVD~~ NORTH PORT FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V.P. THOMAS E. MILLER 2625 SERPOLA RD. VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT & CEO DARYL E. DUFRANE 5954 SPEARMAN CR NORTH PORT, FLA 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001819948 -05/14/96--01018--031 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Daryl E. DuFrane 4/23/96 1-941-423-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #