

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 24 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001158 SOUTHWIND MANUFACTURING SERVICES ACQUISITION, L.C. 1430 S.W. 15TH AVENUE OCALA FL 34474		1a. Principal Place of Business Address 1430 S.W. 15TH AVENUE OCALA FL 34474	
2. Principal Place of Business 1430 SW 15th Avenue Suite, Apt. #, etc.	2a. Mailing Address 1430 SW 15th Avenue Suite, Apt. #, etc.	3. Date Organized or Qualified 10/17/1997	3a. State of Formation FL
City & State Ocala FL	City & State Ocala FL	4. FEI Number 59-347-3728 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report
Zip 34474	Country USA	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent RAX CO., % MAHONEY ADAMS & CRISER P.A. 50 NORTH LAURA ST./3300 BARNETT CENT JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRS	PERRY, CHARLES A JR.	3477 LAKESHORE BOULEVARD	JACKSONVILLE FL
MGRS	PERRY, CHARLES A III	3477 LAKESHORE BOULEVARD	JACKSONVILLE FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Ray David Arnold 12/19/98 (352 732 9997)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #