SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $116 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $350)

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31739** **(8)**

1. Corporation Name

**NORTH FLORIDA COMPONENT MANUFACTURERS ASSOCIATIO N, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 6550 ROOSEVELT ROAD<br>P.O. BOX 31301<br>JACKSONVILLE FL 32244 | 6550 ROOSEVELT ROAD<br>P.O. BOX 31301<br>JACKSONVILLE FL 32244 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1989
3a. Date of Last Report: 03/02/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25: USA | Zip 29 / Country 30: USA |

9. Name and Address of Current Registered Agent

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL — 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 | SD | 1.1 TITLE | ☐ Change ☒ Addition |
| NAME | KORSEN, JOHN | 1.2 NAME | |
| STREET ADDRESS | 6550 ROOSEVELT BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | 32244 |
| TITLE | VD | 2.1 TITLE | VD ☒ Change ☐ Addition |
| NAME | MITOLA, DAN | 2.2 NAME | DIXON, BARRY |
| STREET ADDRESS | 1180 S. LANE AVE | 2.3 STREET ADDRESS | 10411 ALTA DR. |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | PD | 3.1 TITLE | ☐ Change ☒ Addition |
| NAME | SMITH, TOM | 3.2 NAME | |
| STREET ADDRESS | 6550 ROOSEVELT BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | 32244 |
| TITLE | TD | 4.1 TITLE | TD ☒ Change ☐ Addition |
| NAME | STRAYER, TONY | 4.2 NAME | TOUGHTON, EMILY |
| STREET ADDRESS | 11155 PHILLIPS PKWY DR E | 4.3 STREET ADDRESS | 11801 INDUSTRY DR. |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | D | 5.1 TITLE | ☐ Change ☒ Addition |
| NAME | BRUCE, WILLIAM B. | 5.2 NAME | |
| STREET ADDRESS | 3389 W. PENNINGTON CT. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LECANTO FL | 5.4 CITY-ST-ZIP | 32661 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S. Smith THOMAS S. SMITH 7/6/95 904-772-6100
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002230