

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003824 (9)

1. Corporation Name

MANUFACTURER'S ASSOCIATION OF HERNANDO COUNTY, I
NC.



Principal Place of Business

P. O. BOX 15091
BROOKSVILLE FL 34609-0112
US

Mailing Address

P. O. BOX 15091
BROOKSVILLE FL 34609-0112
US

3. Date Incorporated or Qualified
08/03/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUADAGNINO, GUS
16110 AVIATION LOOP DR.
BROOKSVILLE FL 34609

81

Name
David Sims

82

Street Address (P.O. Box Number is Not Acceptable)
15538 Aviation Loop Drive

83

84

City
Brooksville

FL

85

Zip Code
34609

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

David Sims
(Signature, typed for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
FIELDER, JEFFREY S
P. O. BOX 15091
BROOKSVILLE FL

☐ DELETE

S
MILLER, REGGIE
P. O. BOX 15091
BROOKSVILLE FL

☐ DELETE

V
SIMS, DAVID
P.O. BOX 15091
BROOKSVILLE FL 34609

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1.1 TITLE
President- Elect ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE
Secretary ☒ Change ☐ Addition

22 NAME
Tom Paulk

23 STREET ADDRESS
P.O. Box 15091

24 CITY-ST-ZIP
Brooksville, FL 34609 ☒ Change ☐ Addition

3.1 TITLE
Treasurer

32 NAME
Jesse Sims

33 STREET ADDRESS
P.O. Box 15091

34 CITY-ST-ZIP
Brooksville, FL 34609 ☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

Jeffrey S. Fielder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. FIELDER

2-14-96

Date

904-796-3561

Daytime Phone #

CR2E034 (12/95)