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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 JUN -5 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N94000003824 (9)

1. Corporation Name

MANUFACTURER'S ASSOCIATION OF HERNANDO COUNTY, I  
NC.

Principal Place of Business

P. O. BOX 15091  
BROOKSVILLE FL 34809-0112  
US

Mailing Address

P. O. BOX 15091  
BROOKSVILLE FL 34809-0112  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

08/03/1994

4. FEI Number

59-3260451

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMS, DAVID  
15538 AVIATION LOOP DRIVE  
BROOKSVILLE FL 34809

10. Name and Address of New Registered Agent

81 Name Tim Benoit  
82 Street Address (P.O. Box Number is Not Acceptable)  
15424 Flight Path 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

Signature, typed or printed name of registered agent and title, if applicable

TIM BENOIST, TREASURER

4/20/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FIELDER, JEFFREY S  
STREET ADDRESS P. O. BOX 15091 N/A  
CITY-ST-ZIP BROOKSVILLE FL

TITLE S ☐ DELETE

NAME PAULK, TOM  
STREET ADDRESS P.O. BOX 15091 N/A  
CITY-ST-ZIP BROOKSVILLE FL

TITLE T ☐ DELETE

NAME SIMS, JESSE  
STREET ADDRESS P.O. BOX 15091 N/A  
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME SIMS, JESSE  
1.3 STREET ADDRESS P.O. BOX 15091 N/A  
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34609

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME BRANLETT, KAREN  
2.3 STREET ADDRESS P.O. BOX 15091 N/A  
2.4 CITY-ST-ZIP BROOKSVILLE, FL 34609

3.1 TITLE TREASURER ☒ Change ☐ Addition

3.2 NAME BENOIST, TIM  
3.3 STREET ADDRESS P.O. BOX 15091 N/A  
3.4 CITY-ST-ZIP BROOKSVILLE, FL 34609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

TIM BENOIST, TREASURER

Dep 8150

352/754-1117

4/20/98

CR2E034 (10/97)