FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:26

DOCUMENT # P06881 (7)

1. Corporation Name
DIXON VALVE & COUPLING COMPANY

Principal Place of Business
800 HIGH STREET
CHESTERTOWN MD 21620

Mailing Address
800 HIGH STREET
CHESTERTOWN MD 21620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1985
3a. Date of Last Report: 01/27/1994

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

4. FEI Number: 23-0529060 — 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
JONES, SCOTT
49461-48 DISTRIBUTION DRIVE
TAMPA FL 33605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 its 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 of New or Former Registered Agent — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	X Change ☐ Addition
NAME	GOODALL, R.B.	1.2 NAME	
STREET ADDRESS	PO BOX A N/A	1.3 STREET ADDRESS	PLEASE DELETE R B GOODALL
CITY, ST, ZIP	WORTON MD	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	GOODALL, R. L.	2.2 NAME	
STREET ADDRESS	#2 BYFORD COURT	2.3 STREET ADDRESS	
CITY, ST, ZIP	CHESTERTOWN MD	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, JOHN E.	3.2 NAME	
STREET ADDRESS	RT. 1 BOX 18C	3.3 STREET ADDRESS	
CITY, ST, ZIP	SUDLERSVILLE MD	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	CANALICHIO, J.F.	4.2 NAME	
STREET ADDRESS	713 GREEN WINGED TRAIL	4.3 STREET ADDRESS	
CITY, ST, ZIP	DOVER DE	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FRASCELLA, A.J.	5.2 NAME	
STREET ADDRESS	1013 FOSS AVENUE	5.3 STREET ADDRESS	
CITY, ST, ZIP	DREXEL HILL PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FARINA, L.F.	6.2 NAME	
STREET ADDRESS	213 RICHARD DRIVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	CHESTERTOWN MD	6.4 CITY-ST-ZIP	

14. To the best of my knowledge, I hereby certify that the information supplied with this filing is voluntarily furnished in accordance with the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report or supplemental amendment 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 or another person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with no alteration.

SIGNATURE: 3/10/95 410-778-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406768 FTI