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

APPROVED AND FILED
95 APR 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P11124 (5)

1. Corporation Name
WHITE MOP WRINGER COMPANY

Principal Place of Business
10702 N. 46TH ST
P.O. BOX 10647
TAMPA FL 33607
US

Mailing Address
10702 N. 46TH ST
P.O. BOX 10647
TAMPA FL 33607
US

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 05/01/1994

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: 14-1620611 ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTS D	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLUSKA, THOMAS	1.2 NAME	
STREET ADDRESS	18007 CLEAR LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, PATRICK	2.2 NAME	
STREET ADDRESS	200 W. MADISON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	X Change ☐ Addition
NAME	HALPER, ADRIENNE R.	3.2 NAME	No longer a director
STREET ADDRESS	280 PARK AVENUE	3.3 STREET ADDRESS	Has not been replaced
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VP D	4.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, JEFFREY J.	4.2 NAME	
STREET ADDRESS	46 JENNIFER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVILLE NY	4.4 CITY-ST-ZIP	
TITLE	VP D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, ROBERT	5.2 NAME	
STREET ADDRESS	2413 BAY SHORE BLVD #1703	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	EUKOVICH, ROBERT	6.2 NAME	
STREET ADDRESS	2632 BRIDLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 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: Thomas R. Halluska — 4/21/95 — 813-971-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS R. HALLUSKA

0904826 CP