

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P24763** (5)

1. Corporation Name  
**FLINT & WALLING INDUSTRIES, INC.**



Principal Place of Business  
**95 N OAK ST  
KENDALLVILLE IN 46755  
US**

Mailing Address  
**21001 VAN BORN ROAD  
TAYLOR MI 48180**

3. Date Incorporated or Qualified **06/12/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **43-1091731** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STUCKEY, BUDDY S</b>	
STREET ADDRESS	<b>95 NO OAK STR</b>	
CITY-ST-ZIP	<b>KENDALLVILLE IN</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIGHT, GERALD</b>	
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	
CITY-ST-ZIP	<b>TAYLOR MI</b>	
TITLE	<b>DVTS</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSTELLER, RICHARD G.</b>	
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	
CITY-ST-ZIP	<b>TAYLOR MI</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYON, WAYNE B</b>	
STREET ADDRESS	<b>21001 VAN BORN RD</b>	
CITY-ST-ZIP	<b>TAYLOR MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DORAN, DAVID A.</b>	
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	
CITY-ST-ZIP	<b>TAYLOR MI</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>EUGENE A. GARGARO, JR.</b>	
STREET ADDRESS	<b>21001 VAN BORN RD</b>	
CITY-ST-ZIP	<b>TAYLOR MI</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D V T AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>500001802416</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>-05/01/96--01013--019</b>
4.3 STREET ADDRESS	<b>***200.00</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* 4/26/96 313-274-7400

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

CR2E034 (12/95)