FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

$8.75 $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 13 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30668 (8)

1. Corporation Name
FIDLAR & CHAMBERS CO.

Principal Place of Business	Mailing Address
P.O. BOX 6248 ROCK ISLAND IL 61204-6248	P.O. BOX 6248 ROCK ISLAND IL 61204-6248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1990
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 42-0251280 ☐ 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

DIVELEY, ROBERT
750 NINTH AVE. SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: C. T. CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: SEE ATTACHED
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDESON, RALPH J.	1.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	RESNICK, RICHARD C.	2.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGSTROM, JOHN C.	3.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	3.3. STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	STEIL, DAVID J.	4.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHICK, FORD P.	5.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	LORI A. LOWER	6.2 NAME	
STREET ADDRESS	4450-48TH AVE. CT., P.O. BOX 6248	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK ISLAND IL 61204-6248	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)(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 on an attachment with an address.

SIGNATURE: John Engstrom, VP 3/1/95 309-794-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN ENGSTROM

0480174 FN