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
95 MAY -1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39356** **(1)**

1. Corporation Name
PALATKA WINNELSON CO.

Principal Place of Business	Mailing Address
615 N PALM AVE. PALATKA FL 32177 US	C/O DAPSCO DAYTON INC. 777 LIBERTY LANE DAYTON OH 45449

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 04/18/1994

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

4. FEI Number: 59-3124715 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title of officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JARRETT, JOSEPH A SR.	12 NAME	
STREET ADDRESS	5419 FT CAROLINE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARCHER, WILLIAM	22 NAME	
STREET ADDRESS	125 SOUTH 7TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	Sec/Treas ☐ Change ☐ Addition
NAME	FRY, BENJAMIN	32 NAME	
STREET ADDRESS	777 LIBERTY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SCHINDELER, TED	42 NAME	
STREET ADDRESS	125 SOUTH 7TH STREET	43 STREET ADDRESS	Delete
CITY-ST-ZIP	JACKSONVILLE BCH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OSENBAUGH, JACK	52 NAME	
STREET ADDRESS	3110 KETTERING BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME	PADILLA, GERALD	62 NAME	Collins, Charles Jr.
STREET ADDRESS	3110 KETTERING BLVD.	63 STREET ADDRESS	1618 Industrial Park Cr.
CITY-ST-ZIP	DAYTON OH	64 CITY-ST-ZIP	Mobile AL

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: Benjamin Fry — APR 20 1995 — (513) 847-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #