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 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40352** **(7)**

1. Corporation Name

CMH MANUFACTURING, INC.

Principal Place of Business	Mailing Address
4726 AIRPORT HIGHWAY LOUISVILLE TN 37777 US	PO BOX 2565 KNOXVILLE TN 37901-2565 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1992**

3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business — 21 —
Suite, Apt. # or Bldg. — 22 —
City & State — 23 —
ZIP — 24 — County — 25

2a. Mailing Address — 26 —
Suite, Apt. # or P.O. Box — 27 —
City & State — 28 —
ZIP — 29 — County — 30

4. FEI Number: **56-1585294** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 Section 607.0502, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized by the corporation's board of directors to make this change.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	VP ☐ Change ☒ Addition
NAME	STEGMAYER, JOSEPH	NAME	WILLIAMS, TIM
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT Hwy
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
TITLE	S	TITLE	VP/DIR ☒ Change ☐ Addition
NAME	CLAYTON, KEVIN	NAME	CLAYTON, KEVIN
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT Hwy
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	RHOADES, TIM	NAME	
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	
TITLE	AS	TITLE	SECRETARY ☒ Change ☐ Addition
NAME	BLACKWOOD, BRETT	NAME	BLACKWOOD, BRETT
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT Hwy
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
TITLE	D	TITLE	CEO/DIR ☒ Change ☐ Addition
NAME	CLAYTON, JAMES	NAME	CLAYTON, JAMES
STREET ADDRESS	4726 AIRPORT HWY	STREET ADDRESS	4726 AIRPORT Hwy
CITY-ST-ZIP	LOUISVILLE TN	CITY-ST-ZIP	LOUISVILLE, TN 37777
~~TITLE~~	~~EVPD~~	TITLE	ASST SEC ☐ Change ☒ Addition
~~NAME~~	~~KELLY, E T~~	NAME	LAY, LEE ROY
~~STREET ADDRESS~~	~~4726 AIRPORT HWY~~	STREET ADDRESS	4726 AIRPORT Hwy
~~CITY-ST-ZIP~~	~~LOUISVILLE TN~~	CITY-ST-ZIP	LOUISVILLE, TN 37777

14. I do hereby certify that the information supplied with this report is complete, accurate 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 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 of Changed or Added Officers or Directors with an address.

SIGNATURE: Timothy R. Rhoades **TIMOTHY R. RHOADES** (615) 970-7200

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

0470752 FP