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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P40352

(7)

DOCUMENT #
1. Corporation Name

CMH MANUFACTURING, INC.



Principal Place of Business Mailing Address							
		PO BOX 2565 KNOYVILLE TN 37	O BOX 2565 IOXVILLE TN 37901-2565				
US		US	201-2300	ļ		1013.1111111111111111111111111111111111	
					 Date Incorporated or Qualified 09/04/1992 	3a. Date of Last Report 05/01/1995	
2. Principal Pi	ace of Business	2a. Mailing Address		7	4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	26 Suite And # etc		56-1585294	Not Applicable	
22	, oto.	27		1	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	[8	This corporation has liability for		
24	25 Name and Address of Curr	29	30			No No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
CTCC	DDODATION EVETEN		["]	(Narrie)			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street Address ((P.O. Box Number is Not Acceptat	ole)	
PLANTATION FL 33324			83		·····		
Cattr	(11014 1 € 00024						
			84	Crty		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above nar	med conversion	submits this statement for the nu		
OI TOGISTOI	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	mua, ouch change was aning	MIZEO DV IDELEGADOR	ation's board of	directors. I hereby accept the app	ointment as registered agent. I am	
SIGNATURE _		,				Í	
12.	Signature, typed or printed name of registered ag		(NOTE: Registered Agent si	ignature required when		DATE	
TITLE	PD UFFICERS A	ND DIRECTORS	13.	PDH	ADDITIONS/CHANGES TO OFF		
NAME	STEGMAYER, JOSEPH	☐ DELE1E	1.1 TITLE		Transk l	Change	
STREET ADDRESS	4726 AIRPORT HWY		1.2 NAME	21 05	mayer Joseph I Market Street.	oth Class	
CITY-ST-ZIP	LOUISVILLE TN		1.3 STREET AD				
TITLE	VPD	₩ DELETÉ	1.4 CITY - ST - 2 2 1 TITLE	21° 1700 } V/D	kville, TN 379		
NAME	CLAYTON, KEVIN	The Court	2.2 NAME	4	L. Dichard	Change Addition	
STREET ADDRESS	4726 AIRPORT HWY		2 3 STREET AD	Inores U 321	han Richard La Airport Huy		
DITY-ST-ZIP	LOUISVILLE TN		2 4 CHY-ST-2		suille, TN 377	7-7	
TITLE	T	™ DELFTE	3 1 T.TLE	V	10 311	Change Addition	
NAME	RHOADES, TIM		3.2 NAME	Bries	nole Mike.		
STREET ADDRESS	4726 AIRPORT HWY		3 3 STREET AD	DORESS 4726	Airport Hwy		
CITY - S1 - ZIP	LOUISVILLE TN		3 4 CHY-ST-Z		wille, TN 3777	2	
TITLE	\$	DELFTE	4. 1 TITLE	5		Change X Addition	
NAME	BLACKWOOD, BRETT		4.2 NAME	Black	wood Brett oth	floor	
STREET ADDRESS	4726 AIRPORT HWY		4.3 STREET AD		Interact street,	·	
CITY - ST - ZIP	LOUISVILLE TN		4.4 CITY - ST - Z	211 Khas	wille, TN 379		
TITLE	CEOD	DELETE	5 1 TITLE.	CE0.		Change 🔀 Addition	
NAME	CLAYTON, JAMES		5.2 NAME	Clayte	on Jomes L Market Street, 8t		
STREET ADDRESS	4726 AIRPORT HWY		5.3 \$TREET ADI	DRESS 625	Market Street, 87		
CITY-ST-ZIP TITLE	LOUISVILLE TN	**************************************	5 4 CITY - S1 - Z	TP Louis	sville, TN 37	902	
NAME	AS Lay, Lee Roy	DELETE	6. 1 TITLE	AS	- -1	Change Addition	
STREET ADDRESS	4726 AIRPORT HWY		6 2 NAME	مجواح ا	m 70b	1	
4	LOUISVILLE TN		6.3 STREET ADD	ORESS 472.6	m Tab Airport Hwy ville TU 377	i	
14. Ldo hereby	certify that the information supplier	Assith the films is actuatorly for	6 4 CITY-ST-7	" LAOU'S	ville TU 3777		

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.

GNATURE:

Brett Blackwool (423) 970-7200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Blackwood

(423) 970-7200