SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $379)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010639 (2)

1. Corporation Name

CFW MANUFACTURING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3627 2 SEABOARD AVE. LAKE WALES FL 33859-3627	P.O. BOX 3627 2 SEABOARD AVE. LAKE WALES FL 33859-3627

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1992**
3a. Date of Last Report: **05/27/1994**

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

4. FEI Number: **59-3160263** ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATSON, LAMAR
2 SEABOARD AVE.
LAKE WALES FL 33853

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 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: (Typed or printed name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
01 Title	D	01 Title	President/Director X Change ☐ Addition
02 Name	BATSON, LAMAR	02 Name	Batson, Lamar
03 Street Address	840 OAK ST.	03 Street Address	840 Oak Street
04 City-St-Zip	WAVERLY FL 33877	04 City-St-Zip	Waverly, FL 33877
11 Title	D	11 Title	Vice Pres./Director X Change ☐ Addition
12 Name	BATSON, LYNWOOD E	12 Name	Batson, Lynwood E.
13 Street Address	RT 2 BOX 130	13 Street Address	Rt. 2 Box 130
14 City-St-Zip	PAVO GA 31778	14 City-St-Zip	Pavo, GA 31778
21 Title	D	21 Title	X Change ☐ Addition
22 Name	PEARSON, BRUCE T	22 Name	Pearson, Bruce T.
23 Street Address	3829 TWIGHLIGHT DR.	23 Street Address	NO LONGER DIRECTOR
24 City-St-Zip	VALRICO FL 33594	24 City-St-Zip	
31 Title		31 Title	☐ Change ☐ Addition
32 Name		32 Name	
33 Street Address		33 Street Address	
34 City-St-Zip		34 City-St-Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City-St-Zip		44 City-St-Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City-St-Zip		54 City-St-Zip	

CR2E034 (395)

14. I hereby certify that the information supplied with this filing is accurate, and that such filing 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 serve as my resignation as registered agent, officer or director of the corporation should it be administratively dissolved. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I understand the requirement to file an annual report between January 1 and May 1 of each year with the Department of State.

SIGNATURE: Lynwood E. Batson (Required) LYNWOOD E. BATSON (Typed or printed name and title of officer or director)

06-28-95 (Date)

(941) 676-9481 (Daytime Phone Number)

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