## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

P. O. BOX 470878

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business

**200 MYRTLE AVENUE** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

☐ Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P93000080979 (6)

## OLD SOUTH MANUFACTURING COMPANY

SANFORD FL 32773 LAKE MONROE FL 32747-0878 3. Date Incorporated or Qualified 3a. Date of Last Fleport 11/19/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3212208 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name PAZDUR, DAVID J 200 MYRTLE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32773 83 RΔ City В5 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 Signature, typed or printed name of registered agent and tide if applicable (NOT: Registered Agent signature required whon reinstaling) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE DE LETE 1.1 11116 Change NAME PAZDUR, DAVID J 1.2 NAME STREET ADDRESS 200 MYRTLE AVENUE 1.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZiP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE **4.1 TITLE** ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this 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 port 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 tides the compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

4.4 CITY-ST-ZIP

5.3 STHEET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE