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

Mailing Address

5662 FIELDSPRING AVE.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400002032 (8)

THE MANUFACTURING SOURCE, INC.

5662 FIELDSPRING AVE. NEW PORT RICHEY FL 34655-1100 **NEW PORT RICHEY FL 34655** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/07/1994 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3219048 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional M 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Žιρ This corporation has liability for intangible tay under s. 199.032, Zip Yes **Y** No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRACEY, KENINETH F 5662 FIELDSPRING AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 83 84 City 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 Signature, typied or printed name of registered agent and fine if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13, Addition DELETE ☐ Change DP 1.1 TITLE TITLE TRACEY, KENNETH F 1.2 NAME NAME 5662 FIELDSPRING AVE. 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34655** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition DVST 21 TITLE TITLE tracey, linda l 22 NAME NAME 5662 FIELDSPRING AVE. 2.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34655** 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE THILE LEAGUE, TERESA T. 3.2 NAME NAME **5249 EL CERRO DRIVE** 3.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZiP 34. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE THILE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TIT: F 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TILLE 6.2 NAME NAMa STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-7IP

DIRECTOR

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 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

on an attachment with an address.

FILED Jan 27 1997 8:00am Secretary of State

