

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

REGISTRATION
AND FEE RECEIPT

1995



FLORIDA DEPARTMENT OF REVENUE

REVISED 11/94

APPROVED
AND
FILED

55 MAR -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056423 (4)

CLASS 1 HARNESS, INC.

121 NW THIRD STREET
OCALA FL 34475-6640

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OCALA FL 34475-6640

3. Filing Date (MM/DD/YYYY)		3a. Document Support	
07/29/1994			
4. Filamentation		Applied Fee	
57-3257238		Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Change in Filing Fee		☐ \$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	

2. Filing Date (MM/DD/YYYY)	2a. Filing Fee
21. 607 NW 27 Avenue	26. State of FL
22. Ocala, FL	27. City
23. 34475	28. Zip
24. Marion	29. 34475-6695
30. Country	

9. Name and Address of Current Registered Agent

SIMONS, GARY C
121 NW THIRD STREET
OCALA FL 34475-6640

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. FL	

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 of Registered Agent

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D SIMONS, GARY C	1. TITLE	P/D ☒ Change ☐ Addition
2. STREET ADDRESS	121 NW THIRD STREET	2. NAME	Ronald L. Ewers
3. CITY/ST/ZIP	OCALA FL 34475-6640	3. STREET ADDRESS	607 NW 27 Avenue
		4. CITY/ST/ZIP	Ocala, FL 34475
5. NAME		5. TITLE	S/T/D ☐ Change ☒ Addition
6. STREET ADDRESS		6. NAME	Phyllis E. Ewers
7. CITY/ST/ZIP		7. STREET ADDRESS	607 NW 27 Avenue
		8. CITY/ST/ZIP	Ocala, FL 34475
9. NAME		9. TITLE	D ☐ Change ☒ Addition
10. STREET ADDRESS		10. NAME	R. Wayne Penrod
11. CITY/ST/ZIP		11. STREET ADDRESS	144 Westpark Road
		12. CITY/ST/ZIP	Centerville, OH 45459
13. NAME		13. TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		14. NAME	
15. CITY/ST/ZIP		15. STREET ADDRESS	
		16. CITY/ST/ZIP	
17. NAME		17. TITLE	☐ Change ☐ Addition
18. STREET ADDRESS		18. NAME	
19. CITY/ST/ZIP		19. STREET ADDRESS	
		20. CITY/ST/ZIP	
21. NAME		21. TITLE	☐ Change ☐ Addition
22. STREET ADDRESS		22. NAME	
23. CITY/ST/ZIP		23. STREET ADDRESS	
		24. CITY/ST/ZIP	

14. I, the undersigned, certify that the information furnished on this form is true and correct, and that the corporation is authorized to file this form with the Department of Revenue. I further certify that the information furnished on this form is true and correct, and that the corporation is authorized to file this form with the Department of Revenue. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name is on the list of officers and directors of the corporation.

SIGNATURE:

Ronald L. Ewers PRESIDENT

3/1/95 204624-5020