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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000036973 (2)

DOCUMENT #

SMW MANUFACTURING, LTD., INC. Principal Place of Business Mailing Address 1320 CLEARMONT STREET N.E. 1320 CLEARMONT STREET N.E. PALM BAY/PL 32905 PALM BAY FL/32905 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3313332 21 25 50 Kirby Ave NE SAME Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc.
Suite 205 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name ROOTH, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 7913 SEMINOLE MALL EAST R3 SEMINOLE FL 34642 Zip Code 84 City 85 1. 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 agont and the if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition ☐ DELETE 1. 1 TITLE IIILE IOHN H 0033 PRES NAME 21 DRAKE ST. 1.3 STREET ADDRESS STREET ADDRESS RATONS NACK NY 11746 1.4 CITY-ST-ZIP CITY-SI-ZIP ☐ Chançe ☐ Addition □ DELETE 2 1 THILE TITLE ROGER COBB VICE BAFS 4413 TERRACE NOR 22 NAME STREET ADDRESS PENN SAUKEN NT 08/07 23 STREET ADDRESS 24 CITY - ST - ZIP C-TY-ST-ZIP DELETE Addition 3 1 TITLE TiTLE DINNE CORB SACY /TARAS 3.2 NAME NAME VI DANKE ST. 3.3 STREET ADDRESS STREET ADDRESS ENTONS NECK NY 11746 3.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TOTALE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City-St-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 6 1 TITLE TITLE 52 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. 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 logal effect as if made under cath; 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.

DIANE Cobb 4/22/96