

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000014747 (4)**

1. Corporation Name
VFP COMPOSITES, INC.

Principal Place of Business
**601 EAST BEARDSLEY AVENUE
ELKHART IN 46514**

Mailing Address
**601 EAST BEARDSLEY AVENUE
ELKHART IN 46514**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3402 N.E. 37th Place Suite, Apt. #, etc. 22 City & State 23 Wildwood, FL Zip 24 34785		2a. Mailing Address 26 601 E. Beardsley Avenue Suite, Apt. #, etc. 27 P.O. Box 3300 City & State 28 Elkhart, IN Zip 29 46515		3. Date Incorporated or Qualified 02/12/1997	
25 Sumter		30 Elkhart		4. FEI Number 59-3429552	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
83		84 City		85 Zip Code	
81		82		83	
84		85		86	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSON, THOMAS HX	1.2 NAME	Claire C. Skinner
STREET ADDRESS	601 EAST BEARDSLEY AVENUE	1.3 STREET ADDRESS	601 E. Beardsley Ave.
CITY-ST-ZIP	ELKHART IN 46514	1.4 CITY-ST-ZIP	Elkhart, IN 46515
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSON, KEITH D	2.2 NAME	
STREET ADDRESS	601 EAST BEARDSLEY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46514	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOM, GARY L	3.2 NAME	
STREET ADDRESS	601 EAST BEARDSLEY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46514	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

G.L. Groom, Sec/Treas 3/20/98

219/262-0123

CR2E034 (10/97)