FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S02793** **(5)**

1. Corporation Name
TAYLOR BALL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
500 S.W. 7TH ST. SUITE 300 DES MOINES IA 50309	500 S.W. 7TH ST. SUITE 300 DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/28/1990	02/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-3026362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JOHN P.	12 NAME	
STREET ADDRESS	500 S.W. 7 ST., STE 300	13 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	BALL, DARRELL C.	22 NAME	
STREET ADDRESS	500 S.W. 7 ST., STE 300	23 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Vice President ☒ Change ☐ Addition
NAME	OHDE, DOUGLAS M	32 NAME	Jeffrey C. Larson
STREET ADDRESS	500 SW 7TH ST	33 STREET ADDRESS	500 SW 7th St., # 300
CITY-ST-ZIP	DES MOINES IA	34 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CAMERON, DENNIS W	42 NAME	
STREET ADDRESS	500 SW 7TH ST, STE. 300	43 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Vice-President ☒ Change ☐ Addition
NAME	HAMPE, FRED G	52 NAME	Scott M. Kohrs
STREET ADDRESS	5775 FLATIRON PKWY #115	53 STREET ADDRESS	3700 N. Highway 27
CITY-ST-ZIP	BOULDER CO	54 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, JOHN H	62 NAME	Delete
STREET ADDRESS	7777 ALVARADO RD. #121	63 STREET ADDRESS	
CITY-ST-ZIP	LA MESA CA	64 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 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: Dennis W. Cameron 3/28/95 515-244-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dennis W. Cameron

0477643 FP