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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name S14260 ERIE MANUFACTURING, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Feb 23 1998 8:00am Secretary of State



Principal Place	e of Business	M	ailing Address						
1520 CENTENNIAL BOULEVARD BARTOW FL 33830		1520 CENTENNIAL BOULEVARD BARTOW FL 33830					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
_							11/14/1990		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied	For	
21			26				65-0227277 Not App	licable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition	onel	
22			27				Fee Require	đ	
City & State			City & State				6. Election Campaign Financing \$5.00 May	Be	
23			28				Trust Fund Contribution	8	
Zip			Cou	ntry		8. This corporation owes or has paid the current year intangible			
24	25 29 30		30			Personal Property Tax due June 30 Yes No			
g. Name and Address of Current Registered Agent					81 1	Name	10. Name and Address of New Registered Agent		
	NSALVES, GEORGE			ŀ	°' '		ce Dosso		
1520 CENTENNIAL BOULEVARD						Street Addre	Address (P.O. Box Number is Not Acceptable)		
BARTOW FL 33830			Ĺ			1520	520 Centennial Blvd.		
					B3				
				ŀ	B4 (City_	85 Zip Code		
				1		Bart Bart	ow, FL 85 Zip Code 33830		
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	Mui Vam	ر	EEZICE DO	9550			2-16-98	'	
Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Re					Agent s	signature required	ed when reinstating) DATE		
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	D		DELÊTÊ	1.1 TET			uparves, deorde, or.	Addition	
NAME	GONSALVES, GEORGE			1.2 NA			00 Vin∍land Avenue		
STREET ADDRESS	1520 CENTENNIAL BLVD.			1.3 ST	REET ADI	DRESS St	aten Island, N.Y. 10312	ji	
CITY-ST-ZIP	BARTOW FL		D bei etc		Y - ST - Z		M 0		
TITLE	D		DELETE		ΕP		DODGO, LCTICE	Addition	
NAME	DOSSO, FELICE			- 4	ME S		1520 Centennial Blvd.	- 1	
STREET ADDRESS	1520 CENTENNIAL BLVD.		2.3 STI	2.3 STREET ADDRESS		Bartow, FL 33830	1		
CITY-ST-ZIP				Y-ST-Z	ZIP		7750		
TITLE			DELETE	3.1 TIT		1	Change :	Addition	
NAME				3.2 NA	-	- 1		-	
STREET ADDRESS					EET ADI	i		ŀ	
CITY-ST-ZIP			DELETE.	_	Y-ST-Z	ZIP		1433	
TITLE			☐ DELETE	4.1 TiT			Change /	Addition	
NAME				4. 2 NA	ME	- 1		- {	
STREET ADDRESS				4.3 STF	EET AD	Dress			
CITY-ST-ZIP					Y - ST - Z	iP			
TITLE			☐ DELETE	5.1 TH		ĺ	☐ Change ☐ /	Addition	
NAME				5.2 NAI		1		}	
STREET ADDRESS				5.3 STR	EET ADE	DRESS			
CITY-ST-ZIP			T1 25:252		Y-ST-Z	IP			
TITLE			DELETE	6.1 TITI		1	☐ Change ☐ i	Addition	
NAME (6.2 NA		1	4.	[
STREET ADDRESS				6.3 STF	EET ADO	DRESS		İ	
CITY-ST-ZIP			_	6.4 CIT	Y-\$1-ZI	IP .	1 -		

14. Thereby 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.

- Environ nace

2-11-00