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CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # S21959 (9)

1. Corporation Name:

PROFESSIONAL ASSEMBLY & MFG. CO., INC.

Principal Place of Business

2902 N.E. 49TH ST.
OCALA FL 34479
US

Mailing Address

2902 N.E. 49TH ST.
OCALA FL 34479
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/26/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

51-0311954

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 ss. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1529 NE 8 AVE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 770355**
Suite, Apt. #, etc.

City & State

23 **OCALA FL**

City & State

28 **OCALA FL**

Zip

24 **34470**

Country

25 **US**

Zip

29 **34477**

Country

30 **US**

9. Name and Address of Current Registered Agent

**WEINSHEIMER, WAYNE A.
4780 NE 28TH TERRACE
OCALA FL 34479**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **WEINSHEIMER, WAYNE A.**
STREET ADDRESS **4780 NE 28 TERRACE**
CITY - ST - ZIP **OCALA FL**

TITLE **DVS**
NAME **WEINSHEIMER, DONNA J.**
STREET ADDRESS **4780 NE 28 TERRACE**
CITY - ST - ZIP **OCALA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME

6 3 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 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: W.A. Weinsheimer W.A. WEINSHEIMER

7/25/95 904/351-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR