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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:38

DOCUMENT # **S50366** **(1)**

1. Corporation Name
BOYD INDUSTRIAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
741 W 26TH STREET HIALEAH FL 33010	~~741 W 26TH STREET~~ ~~HIALEAH FL 33010~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1991	3a. Date of Last Report: 05/10/1994
21 2. Principal Place of Business	26 2a. Mailing Address: C/O HUGHES SILVERS + GLASSMAN
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: 1140 KANE CONCOURSE - 5th FLR
23 City & State	28 City & State: BAY HARBOR ISLANDS, FL
24 Zip / 25 Country	29 Zip: 33154 / 30 Country
4. FEI Number: 65-0265768	☐ 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
~~LAZAN, DAVID M.~~ ~~1090 KANE CONCOURSE~~ ~~SUITE 202~~ ~~BAY HARBOR ISLANDS FL 33154~~	81 Name: ROBERT HENRY SILVERS 82 Street Address (P.O. Box Number is Not Acceptable): C/O HUGHES SILVERS + GLASSMAN 83: 1140 KANE CONCOURSE - 5th FLR 84 City: BAY HARBOR ISLANDS FL 85 Zip Code: 33154

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] 2/17/95
(Typed, printed or stamped 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	11 TITLE	☐ Change ☐ Addition
NAME	BOYD, SHIRLEY L.	12 NAME	
STREET ADDRESS	23315 LA VIDA WAY	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOYD, WALTER M.	22 NAME	
STREET ADDRESS	23315 LA VIDA WAY	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be 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 with an address.

SIGNATURE: [signature] 2/7/95 305 864 7531
SHIRLEY BOYD
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR TRUSTEE) DATE Daytime Phone Number

0078215 CP