* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 28 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Harry's Crestview Groves, Inc.
Standex International Corporation
6 Manor Pkwy, Salem, NH 03079

Mailing Address — Principal Place of Business

DOCUMENT # V04715

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 1/3/92
3a. Date of Last Report: 1994
4. FEI Number: 02-0459386 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Prentice Hall Corporation System
66 Mickie Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ________
Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. [redacted] OFFICERS AND DIRECTORS [redacted]	
1.1 TITLE	President	1.1 TITLE	Secretary
1.2 NAME	Harry D. Goodwin	1.2 NAME	Richard H. Booth
1.3 STREET ADDRESS	4501 N. 1st Lane	1.3 STREET ADDRESS	65 Forest Street
1.4 CITY-ST-ZIP	McAllen, TX 78504	1.4 CITY-ST-ZIP	Chestnut Hill, MA 02167
2.1 TITLE	Vice President/Director	2.1 TITLE	Asst. Secretary
2.2 NAME	Thomas L. King	2.2 NAME	Deborah A. Rosen
2.3 STREET ADDRESS	3 Robandy Road	2.3 STREET ADDRESS	7 Ford Lane
2.4 CITY-ST-ZIP	Andover, MA 01810	2.4 CITY-ST-ZIP	Framingham, MA 01701
3.1 TITLE	Vice President/Director	3.1 TITLE	
3.2 NAME	David R. Crichton	3.2 NAME	
3.3 STREET ADDRESS	7 Highland Road	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Windham, NH 03087	3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President/Director	4.1 TITLE	400001527384
4.2 NAME	Thomas H. DeWitt	4.2 NAME	-06/29/95--01074--021
4.3 STREET ADDRESS	5 Ivanhoe Lane	4.3 STREET ADDRESS	****200.00 ****200.00
4.4 CITY-ST-ZIP	Andover, MA 01810	4.4 CITY-ST-ZIP	
5.1 TITLE	Treasurer / Director	5.1 TITLE	
5.2 NAME	Lindsay M. Sedwick	5.2 NAME	
5.3 STREET ADDRESS	20 Mockingbird Hill Road	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Windham, NH 03087	5.4 CITY-ST-ZIP	
6.1 TITLE	Corporate Controller	6.1 TITLE	
6.2 NAME	Robert R. Kettinger	6.2 NAME	
6.3 STREET ADDRESS	26 Woodberry Lane	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	No. Andover, MA 01845	6.4 CITY-ST-ZIP	RC

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6/21/95 603-893-9701 — Date / Phone #