FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P O Box 2766

Lakeland, Fl

DOCUMENT # 1. Corporation Name

DALTON MANUFACTURING, INC	DALTON	MANUFACTURING,	INC
---------------------------	--------	----------------	-----

Mailing Address Principal Place of Business

Country

9. Name and Address of Current Registered Agent

25

1031 KATHLEEN RD LAKELAND FL 33805

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

21

22

23

24

ZiD

2a. Mailing Address

City & State

27

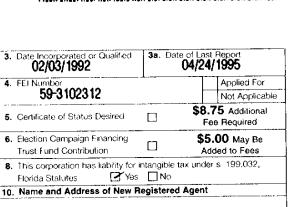
28

29

Suite, Apt. #, etc.

33806

1031 KATHLEEN RD LAKELAND FL 33805



MARTIN, E. SNOW JR 200 LAKE MORTON DR LAKELAND FL 33802

83				
84	City	 FI	85	Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

Polk

Name 81

30

12. OFFICERS AND DIRECTORS		Signar we system on present name of registered upon a set at extraorable desired by the desired equation requirement of the consist of the co			
TITLE	0	☐ DELETE	1 1 TITLE	Change Addition	
AME	DALTON, O. D III		1.2 NAME		
TREET ADDRESS	403 Miramar Dr.		1.3 STREET ADDRESS		
ITY-ST-ZIP	LAKELAND FL		1.4 CITY - ST - ZIP		
TLE		DELETE	2 1 TILE	Change Addition	
AME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
ITY-ST-ZIP			2.4 CITY - ST - ZIP		
ITLE		☐ DELETE	3 1 TIFLE	Change Addition	
AME			3.2 NAME		
TREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			3.4 City - S* - Zi ^o		
ITLE		☐ DELFTE	4 1 TITLE	☐ Change ☐ Addit.o	
AME			42 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
FTY - ST - ZIP			4 4 C+1Y - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	Change Addition	
NAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITY - ST - 2IP			5.4 C(TY+S1+Z(P)		
TLE		☐ DELETE	6 1 TITLE	Change Addition	
IAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP	A CONTROL Chair Chairman Life of the	

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 certify that I am an officer or director of the corporation or trusted 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 a public true in an address.

SIGNATURE:

M1 WIND OS CA! & DOLLO ATT

941-680-1022

CHZE034 (12/95)