FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42684** **(3)**

1. Corporation Name

SIERRA MANUFACTURING, INC.

Principal Place of Business	Mailing Address
2812 APOPKA BLVD. APOPKA FL 32703	2812 APOPKA BLVD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # etc. (22) | Suite Apt. # etc. (27)

City, State (23) | City, State (28)

Zip (24) County (25) | Zip (29) Country (30)

4. FEI Number: **59-3129331** ☐ 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 corporate tax under S. 220.03 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, GARY D.
2812 APOPKA BLVD.
APOPKA FL 32703

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 607.0501 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(S)

(Typed or Printed Name of Person Signing) (Title of Person Signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	D	1 TITLE	D/P/V/T ☒ Change ☐ Addition
2 NAME	BOHANNON BOBBY	2 NAME	Gary D. Adams
3 STREET ADDRESS	4737 HALLIDAY LN	3 STREET ADDRESS	1170 Needlewood Loop
4 CITY ST ZIP	ORLANDO FL	4 CITY ST ZIP	Oviedo, FL 32765
7 TITLE	D	7 TITLE	D/S ☒ Change ☐ Addition
8 NAME	NEWTON GARY	8 NAME	Gary Newton
9 STREET ADDRESS	2477 GOLDEN EAGLE DR	9 STREET ADDRESS	2477 Golden Eagle Dr.
10 CITY ST ZIP	APOPKA FL	10 CITY ST ZIP	Apopka, FL 32703
11 TITLE		11 TITLE	☐ Change ☐ Addition
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY ST ZIP		14 CITY ST ZIP	
15 TITLE		15 TITLE	☐ Change ☐ Addition
16 NAME		16 NAME	
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY ST ZIP		18 CITY ST ZIP	
19 TITLE		19 TITLE	☐ Change ☐ Addition
20 NAME		20 NAME	
21 STREET ADDRESS		21 STREET ADDRESS	
22 CITY ST ZIP		22 CITY ST ZIP	
23 TITLE		23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY ST ZIP		26 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)(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 added by attachment with an address.

SIGNATURE: Gary D. Adams Gary D. Adams 4-26-95 407-299-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0036716 CP