

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:13

DOCUMENT # **V48605** (2)  
1. Corporation Name  
**T.O.S. MANUFACTURING, INC.**

Principal Place of Business Mailing Address  
**5451 S BRYANT AVE** **31 TARPON CIR**  
**SANFORD FL 32773** **WINTER SPRINGS FL 32708-4111**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3134276** 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

2. Principal Place of Business 2a. Mailing Address  
21 **1432 Carrington Court**  
Suite, Apt #, etc Suite, Apt #, etc  
22  
23 City & State **WINTER SPRINGS, FL**  
24 Zip **32708** Country **US**

9. Name and Address of Current Registered Agent  
**MARLOWE, MICHAEL L.**  
**1031 W MORSE BLVD**  
**SUITE 200 105**  
**WINTER PARK FL 32790**  
**89**

10. Name and Address of New Registered Agent  
81 Name **Marlowe, Michael L.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1031 W MORSE BLVD.**  
83 **Suite 105**  
84 City **WINTER PARK** FL 85 Zip Code **32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Very faint text regarding signature requirements and dates.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SUAREZ, TEM O.</b>
STREET ADDRESS	<b>31 TARPON CIR-</b>
CITY, ST, ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>V</b>
NAME	<b>SUAREZ, JUDY</b>
STREET ADDRESS	<b>31 TARPON CIR</b>
CITY, ST, ZIP	<b>WINTER SPRINGS FL</b>
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SUAREZ, TEM O.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<b>1432 CARRINGTON COURT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY, ST, ZIP	<b>WINTER SPRINGS, FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SUAREZ, JUDY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<b>1432 CARRINGTON COURT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY, ST, ZIP	<b>WINTER SPRINGS, FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Suarez*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407  
5/26/95 365-6356  
Date Notary Public