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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:26

DOCUMENT # V66513 (5)

1. Corporation Name
FYNE-WIRE SPECIALTIES, INC.

Principal Place of Business	Mailing Address
851 ONORA RD SANFORD FL 32773	851 ONORA RD SANFORD FL 32773

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3147836 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EVERHART, THOMAS H.
851 ONORA ROAD
SANFORD FL 32773

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 607.0502 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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCT	11 TITLE		☒ Change ☐ Addition
NAME	EVERHART, THOMAS H	12 NAME		
STREET ADDRESS	851 ONORA RD	13 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	NEDELL, GREGORY T	22 NAME		
STREET ADDRESS	HC-72 BOX 256 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	LOCUST GROVE VA	24 CITY-ST-ZIP		
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	NEDELL, ELIZABETH A.	
STREET ADDRESS		33 STREET ADDRESS	HC-72 BOX 256 N/A	
CITY-ST-ZIP		34 CITY-ST-ZIP	LOCUST GROVE, VA. 22408	
TITLE		41 TITLE	T/D	☐ Change ☒ Addition
NAME		42 NAME	EVERHART, GAYLE E.	
STREET ADDRESS		43 STREET ADDRESS	851 ONORA RD.	
CITY-ST-ZIP		44 CITY-ST-ZIP	SANFORD, FL. 32773	
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 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 on an attachment with an address.

SIGNATURE: Gregory T. Nedell Gregory T. Nedell 3/9/95 703-825-2701
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419742 FP