

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/25/1992

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

21 19633 CHURCH RD.

2a. Mailing Address

26 P.O. Box 151

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 BRANDY STATION, VA

City & State

28 BRANDY STATION, VA

Zip

24 22714

Country

25 USA

Zip

29 22714

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERHART, THOMAS H.
851 ONORA ROAD
SANFORD FL 32773

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

THOMAS H. EVERHART

THOMAS H. EVERHART

4/16/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCT ☒ DELETE
NAME EVERHART, THOMAS H
STREET ADDRESS 851 ONORA RD
CITY-ST-ZIP SANFORD FL

TITLE DP ☐ DELETE
NAME NEDELL, GREGORY T
STREET ADDRESS HC-72 BOX 256 N/A
CITY-ST-ZIP LOCUST GROVE VA

TITLE S ☐ DELETE
NAME NEDELL, ELIZABETH A
STREET ADDRESS HC-72 BOX 256 N/A
CITY-ST-ZIP LOCUST GROVE VA

TITLE TD ☐ DELETE
NAME EVERHART, GAYLE E
STREET ADDRESS 851 ONORA RD
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY T. NEDELL President. 2/6/96

540-825-2701

Date

Daytime Phone #

CR2E034 (12/95)