FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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
19633 CHURCH RD. BRANDY STATION VA 22714 US	PO BOX 151 BRANDY STATION VA 22714-0151 US

3. Date Incorporated or Qualified: 09/25/1992	3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-3147836	☐ Applied For ☐ Not Applicable

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 ___

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

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: CHARLES H. EGERTON
82 Street Address (P.O. Box Number is Not Acceptable): 800 NORTH MAGNOLIA AVE, SUITE 1500
83
84 City: ORLANDO FL 85 Zip Code: 32803

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 [signature] Charles H. Egerton January 24, 1997
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EVERHART, THOMAS H		1.2 NAME	
STREET ADDRESS	851 ONORA RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	
TITLE	DPC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEDELL, GREGORY T		2.2 NAME	
STREET ADDRESS	HC-72 BOX 256 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	LOCUST GROVE VA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NEDELL, ELIZABETH A		3.2 NAME	
STREET ADDRESS	HC- 72 BOX 256 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	LOCUST GROVE VA		3.4 CITY-ST-ZIP	
TITLE	TDAS	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EVERHART, GAYLE E		4.2 NAME	
STREET ADDRESS	851 ONORA RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	ASST. SECRETARY, TREASURER, D ☐ Change ☒ Addition
NAME			5.2 NAME	THOMAS E. NEDELL
STREET ADDRESS			5.3 STREET ADDRESS	TURK HILL RD.
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BREWSTER, N.Y. 10509
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] [illegible] 4/12/97 [illegible]