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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H44812** (6)

1. Corporation Name

WEST FLORIDA KNIFE COMPANY, INC.



Principal Place of Business

% **THOMAS P. JOHANNING**
1735 APEX ROAD
SARASOTA FL 34240

Mailing Address

% **THOMAS P. JOHANNING**
1735 APEX ROAD
SARASOTA FL 34240

3. Date Incorporated or Qualified

02/27/1985

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOHANNING, THOMAS P.
1735 APEX ROAD
SARASOTA FL 34240

4. FEI Number

59-2523817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

Signature of officer or principal officer of the corporation

(If 21b Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **PVS**
JOHANNING, THOMAS P.
STREET ADDRESS **6407 JACKIE LYNN CT.**
CITY-STATE-ZIP **SARASOTA FL**

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP **34241**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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:

Thomas P. Johannning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P JOHANNING 1-26-96 941-378-9157
PRESIDENT Date: Daytime Phone #

CR2E034 (12/95)