

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90008 037 ***150.00

DOCUMENT # **J27776** ✓

1. Corporation Name

BENSON MANUFACTURING CORPORATION



Principal Place of Business

% **RAYMOND S. BENSON**
3798 OLEANDER BOULEVARD
FORT PIERCE FL 34982

Mailing Address

% **RAYMOND S. BENSON**
3798 OLEANDER BOULEVARD
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1986

4. FEI Number

59-2707748

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 owes the current year
Intangible Personal Property.



Yes

No

2. Principal Place of Business

21 **RAYMOND S. BENSON**

Suite, Apt. #, etc.

22 **9219 AVENUE LANE**

City & State

23 **PORT ST. LUCIE FL**

Zip

24 **34986**

Country

25 **ST. LUCIE**

2a. Mailing Address

26 **RAYMOND S. BENSON**

Suite, Apt. #, etc.

27 **9219 AVENUE LANE**

City & State

28 **PORT ST. LUCIE, FL**

Zip

29 **34986**

Country

30 **ST. LUCIE**

9. Name and Address of Current Registered Agent

BENSON, RAYMOND S.
3798 OLEANDER BOULEVARD
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81

Name

RAYMOND S. BENSON

82

Street Address (P.O. Box Number is Not Acceptable)

9219 AVENUE LANE

83

84

City

PORT ST. LUCIE

FL

85

Zip Code

34986

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

RAYMOND S. BENSON *President*

(NOTE: Registered Agent signature required when reinstating)

7-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BENSON, RAYMOND S.**
STREET ADDRESS **3798 OLEANDER BOULEVARD**
CITY-ST-ZIP **FT PIERCE FL**

TITLE ☐ DELETE
NAME **LISA J. BENSON**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **BENSON, RAYMOND S.**
1.3 STREET ADDRESS **9219 AVENUE LANE**
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

2.1 TITLE **ST** ☐ Change ☒ Addition
2.2 NAME **LISA J. BENSON**
2.3 STREET ADDRESS **9219 AVENUE LANE**
2.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

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

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

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

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

14. I 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:

RAYMOND S. BENSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 **561-468 8383**

Date

Daytime Phone #

CR2E034 (5/99)

0109737

Benson Manufacturing Corporation

9219 Avenel Lane
Port St. Lucie, FL 34986

Phone 561-468-8383
Fax 561-467-0120

595281-90008-37

J27776

July 21, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Attached is my Corporation Annual Report. I am asking that the fee for late filing be abated because we never received the original notice.

We sold our business to Rummel Circle B Manufacturing, Inc. on July 13, 1998. They are now occupying the old mailing address of 3798 Oleander Blvd., Fort Pierce, FL 34962. We have a new mailing address of 9219 Avenel Lane, Port St Lucie, FL 34986. The original notice was never given to us by the new owner or we would have filed timely.

I spoke to a representative from your department and was advised to explain my situation in letter form and attach a check for \$ 150.00. Please accept this as full payment and continue my corporation's active status. If there is a problem please contact me at my new mailing address.

Sincerely,



Raymond S. Benson
President