**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
95 AUG -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 239284 (3)

1. Corporation Name
GESCO CUTLERY CO., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2131 PARK AVENUE<br>ORANGE PARK FL 32073 | P.O. BOX 517<br>ORANGE PARK FL 32073 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1960
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2131 Park Ave
22: Suite, Apt. #, etc.
23: Orange Park
24: 32073 (32073) 25: County: Clay

2a. Mailing Address
26: PO Box 517
27: Suite, Apt. #, etc.
28: Orange Park Fl
29: 32067 30: County: Clay

4. FEI Number: 59-0911081 ☐ 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

9. Name and Address of Current Registered Agent
32073
STOKES,G C
2131 PARK AVE.
P O BOX ~~7029~~ 7067
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
81 Name: Gerald C Stokes
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: _____ June 5, 95
Signature of new printed name of registered agent and the President (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | STOKES,GERALD C | 12 NAME | |
| STREET ADDRESS | 2516 E. HOLLY PT. RD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 14 CITY-ST-ZIP | |
| TITLE | VPS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | STOKES, GAYLE L. | 22 NAME | |
| STREET ADDRESS | 2516 E. HOLLY PT. RD. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 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 | |

CR2E034 (3/95)

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 I have attached with an address.

SIGNATURE: G Stokes 5-24-95 (904) 264 2434
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122004 FP