

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

97 MAY 13 PM 4:10

SECRETARY OF STATE

DOCUMENT # 239284 (3)

1. Corporation Name

GESCO CUTLERY CO., INC.

Principal Place of Business

Mailing Address

2131 PARK AVENUE  
ORANGE PARK FL 32073  
US

P.O. BOX 517  
ORANGE PARK FL 32073

32067-0517

3. Date Incorporated or Qualified  
08/09/1960

3a. Date of Last Report  
08/07/1995

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

2. Principal Place of Business  
21 SAME

2a. Mailing Address  
26 SA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
SAME

27 City & State  
SA

24 Zip  
NOTE

Country

28 Zip  
NOTE

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, G C  
2131 PARK AVE.  
P O BOX 7087  
ORANGE PARK FL 32073

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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent, president, or officer of corporation and title if applicable

NOTE: Registered Agent signature required when reappointing

Jan 14, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME STOKES, GERALD C  
STREET ADDRESS 2516 E. HOLLY PT. RD.  
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS ☐ DELETE

NAME STOKES, GAYLE L.  
STREET ADDRESS 2516 E. HOLLY PT. RD.  
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Jan N. DUNSTON  
STREET ADDRESS RIVER ROAD  
CITY-ST-ZIP ORANGE PARK FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

200002181782-0  
-05/16/97--01102--012  
\*\*\*\*200.00 \*\*\*\*200.00

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME V.P. Edith N. STAN  
STREET ADDRESS 2516 E. Holly Pt. Rd.  
CITY-ST-ZIP 32073

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Orange Park Fla  
STREET ADDRESS V.P.  
CITY-ST-ZIP 32073

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-97 904204243

CR2E034 (12/95)