## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 315583 1. Corporation Name

Principal Place of Business

**PUCH MANUFACTURING CORPORATION** 

1239 W COLUMBIA ST. ORLANDO FL 32805		1239 W COLUMBIA ST. ORLANDO FL 32805			İ	DO	NOT WRITE I	IN THIS S	SPACE	
					3	3. Date Incorporated or 04/07/1967	Qualifed			
2. Principal Pi	ace of Business	2a. Mailing Address			4	I, FEI Number			Δ	Applied For
21		26				59-1163125				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status I	Desired [2	X		Additional
22		27					<u> </u>	- <del></del>		Required
City & State		City & State		ε	6. Election Campaign F		ב		May Be	
23		28				Trust Fund Contribut				d to Fees
Zìp 24	Country 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes □ No					□No
	9. Name and Address of Curre				10	). Name and Address	of New Regi	stered A	gent	
			81	Name						
CARI		82	Street	Address (	Address (P.O. Box Number is Not Acceptable)					
	W. COLUMBIA ST.		01000							
ORLA	ANDO FL 32805		83							
			84	City					85 Zip	p Code
				,				FL		
office or re	egistered agent, or both, in the State	02 and 607.1508, Florida Statutes, e of Florida. Such change was authous of, Section 607.0505, Florida	prized by	the corp	corporation's l	on submits this statement board of directors. I he	ent for the pur reby accept th	e appoint	tment as i	registered .
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: Rec	istered Agen	t signature i	required when	n reinstating)		DATE		<del></del>
12.		ND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	VD	☐ DELETÉ	1.1 TITLE		PD				Change	e 🗀 Addition
NAME	PUCH, CARL J.		1.2 NAME							•
STREET ADDRESS	1239 W COLUMBIA ST		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	r-ziP				<u> 3280</u>		
TITLE	DP	☐ DELETE	2.1 TITLE		VD				<b>EX</b> Change	e
NAME	PUCH JR, ERWIN F		2.2 NAME							
STREET ADDRESS	1239 W COLUMBIA ST		2.3 STREET	ADDRESS				2200	_	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S	T-ZIP		- '		3280		
TITLE	DST	☐ DELETE	3.1 TITLE		ST				Change	e 🗌 Addition
NAME	PUCH, JUDITH A.		3.2 NAME			1				ļ
STREET ADDRESS	1239 W COLUMBIA ST		33 STREET	ADDRESS				3280	5	
CITY-ST-ZIP	ORLANDO FL		3 4. CITY- S	T- ZIP					<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		VD	_			☐ Change	e XAddition
NAME			4. 2 NAME			ch, Dale G		_		
STREET ADDRESS			4.3 STREET	ADDRESS	t	39 W. Colu		t.		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Or	<u>lando, FL</u>	<u> 32805</u>			
TITLE		☐ DELETE	5.1 TITLE						Change	e
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET		1					
CITY-ST-ZIP			54 CITY-S	T- ZIP	<u> </u>					
TITLE	-	☐ DELETÉ	6.1 TITLE						Change	e 🗌 Addition
NAME			6.2 NAME		)					. ]
STREET ADDRESS			6.3 STREET	ADDRESS						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP-

REQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR

407/425-3965

**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90057 005 \*\*\*158.75