

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 334232

(6)

1. Corporation Name

DOWNING'S FORGE, INC.



Principal Place of Business

1167 - 34 STREET SOUTH
ST PETERSBURG FL 33711-9293

Mailing Address

1167 - 34 STREET SOUTH
ST PETERSBURG FL 33711-9293

3. Date Incorporated or Qualified
08/26/1968

3a. Date of Last Report
09/25/1995

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

4. FEI Number

59-1218545

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

10. Name and Address of New Registered Agent

LAMPING, E G
1167 34 ST SO
ST PETERSBURG FL 33711

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 typed or printed name of registered agent in block 11 (applicable)

(NOL) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
LAMPING, E G
STREET ADDRESS P.O. BOX 60249 N/A
CITY-ST-ZIP ST PETE FL 33784

TITLE ☐ DELETE

NAME VT
STUTLER, CANDICE D.
STREET ADDRESS 8156 128TH ST N
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME S
STUTLER, KENT
STREET ADDRESS 8156-128 ST NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME T
LAMB, PATRICIA
STREET ADDRESS P.O. BOX 60249 N/A
CITY-ST-ZIP ST PETE FL 33784

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

vice president

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candice Stutler 5-13-96 327-9028

CR2E034 (12/95)