

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 365512 (3)

1. Corporation Name
LOERKE TOOL & DIE INC



Principal Place of Business
ROUTE 3 BOX 30A
TAMPA FL 33619

Mailing Address
10939 LEE ST
TAMPA FL 33619
US

3. Date Incorporated or Qualified 06/12/1970 3a. Date of Last Period 02/14/1995

2. Principal Place of Business
21 3111 N. Falkenburg Rd
Suite, Apt. #, etc
22
City & State
23 Tampa, Florida
Zip Country
24 33619 25 US
2a. Mailing Address
26 3111 N. Falkenburg Rd
Suite, Apt. #, etc
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City & State
28 Tampa, Florida
Zip Country
29 33619 30 US

4. FET Number 59-1305344 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

JUDY SWIMS & MARLENE CARPENTER
RT 3 BOX 30 A HWY 574 & FAULKENBURG
TAMPA, FLORIDA
33619

81 Name Cohn, Roy W
82 Street Address (P.O. Box Number is acceptable) 3321 Henderson Blvd
83
84 City Tampa FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 607.04(2) and 607.14(2), 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 607.05(3), Florida Statutes.

SIGNATURE *[Signature]*
Signature of person authorized to change registered office or agent

Roy W. Cohn 5/30/96
Signature of person authorized to change registered office or agent

12. OFFICERS AND DIRECTORS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 a 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 in an attachment with an address.

SIGNATURE: *[Signature]* Daniel W. Scapano 4-27-96 813-622-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)