

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:12

DOCUMENT # 422037

(2)

1. Corporation Name

KOKOMO TOOL COMPANY, INC.

Principal Place of Business

918 W. FIRST STREET
SANFORD FL 32771

Mailing Address

918 W. FIRST STREET
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/26/1973

3a. Date of Last Report

01/13/1994

4. FEI Number

59-1454821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, PAUL W., JR.
1635 OAK VALLEY DR.
LONGWOOD FL 32750

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

JACKSON, PAUL W., JR.
1635 OAK VALLEY DRIVE
LONGWOOD FL

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

V

NAME

JACKSON, RAYMOND G.
115 BAYBERRY ROAD
ALTAMONTE SPRINGS FL

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

ST

NAME

JACKSON, MICHAEL K.
1215 WAR ADMIRAL
DELAND FL

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 110.07(3)(j), 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: Paul W. Jackson, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-95 407-323-1100

CR2E034 (3/95)