

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS**APPROVED  
AND  
FILED****95 MAR 16 AM 10:38****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****DOCUMENT # 432576****(7)**

1. Corporation Name

**SIEWERT TOOL & DIE, INC.**

Principal Place of Business

**3388 PHILLIPS HWY  
JACKSONVILLE FL 32207**

Mailing Address

**3388 PHILLIPS HWY  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/10/1973**

3a. Date of Last Report

**02/17/1994**

4. FEI Number

**59-1482946**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, JOHN PAUL  
2431 BLANDING BLVD.  
JACKSONVILLE FL 32210**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SIEWERT, DARYL A  
5093 LINCOLNSHIRE  
JACKSONVILLE, FL 00000**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
SIEWERT, MARGARET I  
5021 WINCHESTER DR SOUTH  
JACKSONVILLE, FL 00000**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FAIR, DONALD P.  
8132-1 SAN JOSE MANOR DR  
JACKSONVILLE FL**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 record 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

**3-15-95**  
(Date)**904-399-8415**  
(Daytime Phone #)