

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 812553 (6)

1. Corporation Name

MEDI-KOTE CO INC



Principal Place of Business

Mailing Address

C/O MORRIS AND MORRIS, P.A.
3733 UNIVERSITY BLVD W STE 107
JACKSONVILLE FL 32217-2111

C/O MORRIS AND MORRIS, P.A. CPAS
3733 UNIV BLVD. W. STE 107
JACKSONVILLE FL 32217-2111
US

3. Date Incorporated or Qualified

06/01/1945

3a. Date of Last Report

04/13/1995

4. FEI Number

59-0836995

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

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

2. Principal Place of Business

2a. Mailing Address

21 C/O MORRIS & MORRIS, P.A.

26 C/O MORRIS & MORRIS, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9315 SAN JOSE BLVD.

27 P.O. BOX 56375

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32257

25 USA

29 32241-6375

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, LESTER J
10109 ASHWOOD PL
BOYNTON BCH, FL. FL 33437

81 Name
HOFFMAN, LESTER J

82 Street Address (P.O. Box Number is Not Acceptable)
10109 ASHWOOD PL

83

84 City
BOYNTON BEACH

FL

85

Zip Code
33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, if not applicable

Typed, legible signature of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☒ DELETE
NAME HOFFMAN, ANNETTE
STREET ADDRESS 10109 ASHWOOD PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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

TITLE PD ☐ DELETE
NAME HOFFMAN, LESTER J
STREET ADDRESS 10109 ASHWOOD PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

21 TITLE ☒ Change ☐ Addition
22 NAME PST
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME HOFFMAN, ANNETTE
STREET ADDRESS 10109 ASHWOOD PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 or changed upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESTER J. HOFFMAN

Date

Day/Time/Phone #

CR2E034 (12/95)