FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT ,CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 839325

(8)

ANCHOR/LITH-KEM-KO, INC.

| FILED |
|--------------------|
| May 08 1997 8:00am |
| Secretary of State |

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| * TAX DEPARTMENT 8400 POPLAR AVENUE MEMPHIS TN 38197 | | 94 64 | Mailing Address * Tax Department 6400 Poplar Avenue Memphis Tn 38197-0100 | | | | | | | | | |
|--|---|----------|--|------------------------|---|-----------------|--|---|----------------------|-----------------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1977 05/01/1996 | | | | | | | |
| 2. Principal Place of Business | | | 28. Mailing Address | | | | 4. FEI Number | 1 | | Applied For | | |
| 21 | | | 26 | | | | 06-0836331 Not Applicable | | | | | |
| Sulte, Apt. #, etc. | | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | | Žip | Count | ry | | 8. This corporation has liability for i | | | er s. 199.032, | | |
| 24 | 25 | 29 | | 30 | | | | | No No | | | |
| | 9. Name and Address of Currer | it Regii | stered Agent | 8 | 41 | Name | 10. Name and Address of New Re | listered / | Agent | | | |
| | CORPORATION SYSTEM | | | | ╝. | | | | | | | |
| |) S. PINE ISLAND ROAD | | | 8: | 2 | Street A | Address (P.O. Box Number is Not Acceptable) | | | | | |
| PLAI | NTATION FL 33324 | | | 8: | 3 | | | | | | | |
| | | | | L | | | | | | | | |
| | | | | 8 | 4 | City | | FL | 85 7 | 'ip Code | | |
| agent. Lai SIGNATURE | m familiar with, and accept the oblig- | ations o | of, Section 607.0505, F | Florida Statuti | es. | | corporation submits this statement for the p oration's board of directors. I hereby accep | | changin ointrnent | g its registered as registered | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | | OTL: Registered A | ger | nt signature r | required when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE ECO AND | DIDECT | ODC IAL 12 | | |
| TITLE | PD | D DIN | DELETE | 1,1 1171.6 | | | PD | ENS AND | Chang | | | |
| NAME | MEISTER, JAMES | | | 1.2 NAME | | }. | Zunde, Steve | | 2.1. | go <u>L</u> | | |
| STREET ADDRESS | 50 INDUSTRIAL LOOP N | | | | | ADDRESS 4 | 50 Industrial Loop | 7 | | | | |
| CITY-ST-ZIP | ORANGE PARK FL | | | 1,4 Dilly | | | Orange Park, FL | | չ թ թ | 5 | | |
| TITLE | T | | DELETE | 2.1 1111.6 | | | 5/1 | | Chang | | | |
| NAME | MCLEAN, NEIL | | | 2.2 NAM(| | | | | | | | |
| STREET ADDRESS | 50 INDUSTRIAL LOOP N | | | 2.3 STRE | ET # | ADDRESS (| Neat, Kevin 50 Industrial Loop | V | | | | |
| CITY-ST-ZIP | ORANGE PARK FL | | | 2 4 GDY | - \$1 | 1 - 7 (P | Orange Park, FL: | 3026 | ە5 | | | |
| TITLE | AT | | ☐ DELFTE | 3.1 711 L₹ | | | | | Chang | ge 🔲 Addition | | |
| NAME . | FINNEGAN, JONN | | | 3.2 NAM6 | 5 | | | | | | | |
| STREET ADDRESS | 6400 POPLAR AVENUE | | | 3.3 STRE | E1 # | ADORESS | | | | | | |
| CITY-ST-ZIP | MEMPHIS TN | | N peres | 3.4. CHY | | 1 · ZIP | | · | T7:05 | | | |
| TITLE | D CODO MINIMA | | ⊠ DELE1E | 41 111111 | | ł | | | Chang | ge [] Addition | | |
| NAME | SORG, WILLIAM | | | 4 2 NAM | | | | | | | | |
| STREET ADDRESS | 40 CHARLES STREET BINGHAMTON NY | | | 1 | | ADDRESS | | | | | | |
| CITY-ST•ZIP TITLE | D D | | ⊠ DELETE | 4.4 C(TY) 5.1 T(TLE | | - ZIP | | | Chang | ge [] Addition | | |
| NAME | LAMBROUSSIS, HARRY | | <u>pr.m.</u> OLITETE | 5.2 NAME | | İ | | | | go (L. J. MUUILIUI) | | |
| STREET ADDRESS | 40 CHARLES STREET | | | 1 | | ADDRESS . | | | | | | |
| CITY-ST-ZIP | BINGHAMTON NY | | | 5.4 ÇITY- | | | | | | | | |
| TITLE | WITH WHILMIT III | | DELFTE | 6.1 TITLE | | -1m | | | Chang | ge [] Addition | | |
| NAME | | | | 6.2 NAME | | } | | | | | | |
| STREET ADDRESS | | | | | | ADORESS | | | | | | |
| CITY-ST-ZIP | | | | 6.5 GINE | | | | | | | | |
| | ov certify that the information supplier | d with t | this filing does not aua | | | | ated in Section 119.07(3)(i), Florida Statutes | . I further | certify t | hat 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:

John Flancaca N4 120107