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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 851495

(2)

1. Corporation Name

KDI AMERICAN PRODUCTS, INC.

Principal Place of Business

10951 WEST LOS ANGELES AVE.
PO BOX 8085
MOORPARK CA 93020-5085

Mailing Address

10951 WEST LOS ANGELES AVE.
PO BOX 8085
MOORPARK CA 93020-8085



3. Date Incorporated or Qualified
12/31/1981

3a. Date of Last Report
03/19/1996

4. FEI Number

95-2639661

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

2. Principal Place of Business

21

Suite Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BYER, ROGER
STREET ADDRESS 10951 W LA AVE POB 8085
CITY-ST-ZIP MOORPARK CA

TITLE V ☐ DELETE
NAME MOTUSH, JAMES
STREET ADDRESS 10951 W LA AVE POB 8085
CITY-ST-ZIP MOORPARK CA

TITLE D ☐ DELETE
NAME GAFFNEY, JAMES
STREET ADDRESS 5721 DRAGON WAY
CITY-ST-ZIP CINCINNATI OH

TITLE PT ☐ DELETE
NAME THRASHER, LARRY
STREET ADDRESS 10951 W LA AVE POB 8085
CITY-ST-ZIP MOORPARK CA

TITLE S ☐ DELETE
NAME LANGNER, KEVAN K.
STREET ADDRESS 5721 DRAGON WAY
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. FINNELL

JAMES L. MOTUSH

1/13/97

805-523-2420

Date

Daytime Phone #

CR2E034 (9/96)