F03000003186

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 789/534/609/610/67/
Office Use Only



400016785524

04/28/03--01050--009 **78.75

Bris 12265 3-3186
W03/12265 3387 322

NAME OF THE OF STATES.

O3 JUN 26 PH 1: 42

Document Number Only	•	
C T CORPORATION SYSTEM		
	1	
Requestor's Name 660 East Jefferson Str	eet	
Address		
Tallahassee, FL 32301		
City State Zip	Phone	
CORPORAT	TON(S) NAME	
A STATE OF THE STA		
		
To	nkins Manufacturing Co	
		
() Profit		
() NonProfit	() Amendment	() Merger
() Limited Liability Compa () Foreign	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of R.A.
() Limited Liability Partr		() Fictitious Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready	() Call if Problem	() After 4:30
Walk In	() Will Wait	(√) Pick Up
() Mail Out		
Name Availability		
	PLEASE I	RETURN EXTRA COPY(S)
Document Examiner	₩ ~ ¥	FILE STAMPED THANKS
Updater	0	ONNIE BRYAN
Verifier		
Acknowledgment	en e	
W.P. Verifier	•	
Le	· · · · · · · · · · · · · · · · · · ·	• •

CR2E031 (1-89)

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: JENKINS MFG COMPANY
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
W.J KETTLES
(Name of Person)
JENKINS MFG COMPANY
(Firm/Company)
P.O. BOX 249
(Address)
ANNISTON AL 36202
(City/State and Zip code)
For further information concerning this matter, please call:
HARLOTTE HAYNES at (256) 831-7000 =
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) at (256) 831-7000 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee \$\forall \text{\$78.75 Filing Fee & } Certificate of Status \$\forall \text{ Certified Copy}\$\$\$ Certified Copy \$\forall \text{ Certified Copy}\$\$\$\$ Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 29, 2003

W.J. KETTLES P.O. BOX 249 ANNISTON, AL 36202

SUBJECT: JENKINS MFG COMPANY

Ref. Number: W03000012265

We have received your document for JENKINS MFG COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 903A00026033

Agnes Lunt Document Specialist



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 13, 2003

W.J. KETTLES P.O. BOX 249 ANNISTON, AL 36202

SUBJECT: JENKINS MFG COMPANY

Ref. Number: W03000012265

We have received your document for JENKINS MFG COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 303A00029448

Nanette Causseaux Corporate Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 30, 2003

W.J. KETTLES P.O. BOX 249 ANNISTON, AL 36202

SUBJECT: JENKINS MFG COMPANY Ref. Number: W03000012265

We have received your document for JENKINS MFG COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We must have a Florida registered agent, with a Florida street address in a Florida city. We cannot accept a registered agent with a street address in Anniston, AL.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 903A00034106

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	viations of like import in language as will cle or partnership if not so contained in the name	e af present.)
Alabama		3. 63-0111040
	y under the law of which it is incorporated)	(FEI number, if applicable)
01-09-1936		5. Perpetual
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
01/02/2003		
(Date first trans		not transacted business in Florida, insert "upon qualification." 501, 607.1502 and 817.155, F.S.)
1608 Frank Ak	ers Road, Anniston, Alabama 36207	
	(Principal office	address)
P.O. Box 249,	Anniston, Alabama 36202	
	(Current mailing	address)
(Purpose	(s) of corporation authorized in home state o	or country to be carried out in state of Florida)
(Purpose	(s) of corporation authorized in home state or reet address of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose	(s) of corporation authorized in home state o	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name:	(s) of corporation authorized in home state or reet address of Florida registered agent C T Corporation System	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name:	(s) of corporation authorized in home state or reet address of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered agents of T Corporation System 1200 South Pine Island Road, Plantation,	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered agent CT Corporation System 1200 South Pine Island Road,	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>st</u> Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road, Plantation, (City)	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance:	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code)
(Purpose Name and st Name: Office Address: O. Registered Laving been na	(s) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name: Office Address: O. Registered Varing been navesignated in the curther agree to	(s) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the apportance comply with the provisions of all statut	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporation at the intment as registered agent and agree to act in this captes relative to the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance
(Purpose Name and st Name: Office Address: O. Registered laving been na- esignated in the urther agree to	(s) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporation at the intment as registered agent and agree to act in this captes relative to the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIR	ECTORS
Chairman	Robson R. Sage III
Address:	276 Hilldale Road
	Anniston, Alabama 36207
Vice Cha	irman:
Address:	
Director:	Stephen B. Blum
Address:	1325 Avenue of the Americas
	New York, NY 10019
Director:	Ronald G. Quinterd
Address:	145 Fourth Avenue, Suite 9F
	New York, NY 10003
B. OFF	ICERS
President	Robson R. Sage III
Address:	276 Hilldale Road
	Anniston, AL 36207
Vice Pres	ident: W.J. Kettles
Address:	529 Paige Hill Road
	Anniston, AL 36207
Secretary	·
Address:	
Treasurer	
Address:	
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	W. J. KETTLOS, VICE PRESIDENT (Typed or printed name and capacity of person signing application)



State of Alabama Department of Revenue

Certificate of Good Standing

Jenkins Manufacturing Co is in compliance with the requirements in Chapter 14, Title 40, Code of Alabama 1975, prior to its repeal and Chapter 14A, Title 40, Code of Alabama 1975, as applicable through September 15, 2003.

ORIGINAL

IN WITNESS WHEREOF, I hereunto set my hand this date of April 3, 2003.

Olahas H. Hanninger

Director, Individual and Corporate Tax Division

ATTEST:

Secretary