

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # F06000003628

1. Entity Name
VOLK PROTECTIVE PRODUCTS, INC.



FILED

07 APR 26 PM 3:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2425 SPIEGAL DR
GROVEPORT, OH 43125

Mailing Address
2425 SPIEGAL DR
GROVEPORT, OH 43125

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007

Chg-P

CR2E034 (12/06)

4. FEI Number
72-1553789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHERN BAKERIES, INC.
ATTN: ARTHUR KRANTZ
3355 W MEMORIAL BLVD
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) SAME
ATTN: Ken Reeves
City SAME FL Zip Code SAME

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLK, ANTHONY R 1335 RIDGELAND PKWY - STE 120 ALPHARETTA, GA 30004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUSTAFSON, JAMES B 2146 ELMWOOD WILMETTE, IL 60091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUTTLINGER, KIMBERLY K 701 HARGER RD - STE 190 OAK BROOK, IL 60523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZROBIN, I 1335 RIDGELAND PKWY - STE 120 ALPHARETTA, GA 30004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103010976 05/22/07--01021--008 **1400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JR519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly K Duttlinger

Kimberly K. Duttlinger 4/09/07 630-571-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #