

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

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May 19, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F23464

1. Corporation Name
SIMONDS MANUFACTURING CORPORATION

Principal Place of Business
**304 PROGRESS ROAD
P.O. BOX 1404
AUBURNDALE FL 33823**

Mailing Address
**304 PROGRESS ROAD
P.O. BOX 1404
AUBURNDALE FL 33823**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2076391	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**BOOTH, SHEILA, WALSH
304 PROGRESS RD
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	LEAVEY, THOMAS C.	1.2 NAME	
STREET ADDRESS	304 PROGRESS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	
TITLE	SDV	2.1 TITLE	☐ Change ☐ Addition
NAME	LEAVEY, SHEILA W.	2.2 NAME	
STREET ADDRESS	304 PROGRESS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, JAMES A.	3.2 NAME	
STREET ADDRESS	304 PROGRESS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas C. Leavey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999
Date Daytime Phone #

CR2E034 (11/98)