

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90014 007 ***150.00

DOCUMENT # F82597

1. Corporation Name

FINZER ROLLER OF FLORIDA, INC.

Principal Place of Business

2580 OLD COMBEE ROAD
LAKELAND FL 33805

Mailing Address

129 RAWLS ROAD
DES PLAINES IL 60018-1329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1982

4. FEI Number

59-2192223

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 owes the current year intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE

NAME FINZER, JOHN O., III

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Sullivan, Susan F.

1.3 STREET ADDRESS 129 Rawls Road

1.4 CITY-ST-ZIP Des Plaines, IL 60018

TITLE PD ☐ DELETE

NAME RYAN, THOMAS E III

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME FINZER, CHRISTINE E

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FINZER, JOHN O JR

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FINZER, MARTIN B

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FINZER, DAVID M

STREET ADDRESS 129 RAWLS ROAD

CITY-ST-ZIP DES PLAINES IL 60018-1328

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Ryan, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

847.390.6200

Daytime Phone #

CR2E034 (1/98)