

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002459 (4)**

1. Corporation Name

BLITZ MANUFACTURING COMPANY OF INDIANA, INC.



Principal Place of Business

Mailing Address

**3357 CHICAGO AVE.
RIVERSIDE CA 92507**

**3357 CHICAGO AVE.
RIVERSIDE CA 92507**

2. Principal Place of Business

2a. Mailing Address

21 **Blitz Mfg Co of Ind.**

26 **263 America Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **263 America Place**

27

City & State

City & State

23 **Jeffersonville, IN**

28 **Jeffersonville, IN**

Zip

Country

Zip

Country

24 **47130**

25 **Clark**

29 **47130**

30 **Clark**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1995

4. FEI Number

Applied For

35-1680092

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

10. Name and Address of New Registered Agent

**DOBROW, RICHARD
1401 UNIVERSITY DR., #301
CORAL SPRINGS FL 33071**

81 Name

Daryl G. Steitz

82 Street Address (P.O. Box Number is Not Acceptable)

8251 W. Atlantic Blvd.

83

84 City

Coral Springs

FL

85 Zip Code

33071

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 **Daryl G. Steitz V.P. Finance**

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

(Print: If agent is a firm, state its full name)

3/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

X1 TITLE

V

☒ Change ☐ Addition

NAME **PDC**
STREET ADDRESS **POWELL, ROBERT D**
CITY-ST-ZIP **24245 BAY AVE.
MORENO BAY CA 92553**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **POWELL, JANE S**
CITY-ST-ZIP **24245 BAY AVE.
MORENO BAY CA 92553**

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

TITLE ☐ DELETE

3.1 TITLE

V

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**Steitz, Daryl G.
744 Wicklow Rd.
Louisville, KY 40207**

TITLE ☐ DELETE

4.1 TITLE

C

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**Sturm, Howard S.
3502 Indocin Ct.
Louisville, KY 40220**

TITLE ☐ DELETE

5.1 TITLE

V

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**Maccaferri, Marco
4408 Hunsinger Ln.
Louisville, KY 40220**

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Daryl G. Steitz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (812) 284-2548 ext 13

Date:

Daytime Phone #

CR2E034 (12/95)