

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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
BLITZ MFG CO OF IND
263 AMERICA PLACE
JEFFERSONVILLE IN 47130
US

Mailing Address
263 AMERICA PLACE
JEFFERSONVILLE IN 47130
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1995
3a. Date of Last Report 03/27/1996

4. FEI Number 35-1680092
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEITZ, DARYL G
8251 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

81 Name BMK Holding
82 Street Address (P.O. Box Number is Not Acceptable) 8241 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 607.0503, Florida Statutes.

SIGNATURE

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

DATE 7/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME Powell Robert
1.3 STREET ADDRESS 2118 W. Wynn Circle
1.4 CITY-ST-ZIP Punta Gorda, FL 33950

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

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

TITLE V
NAME STEITZ, DARYL G
STREET ADDRESS 744 WICKLOW RD
CITY-ST-ZIP LOUISVILLE KY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE C
NAME STURM, HOWARD S
STREET ADDRESS 3502 INDOGIN CT
CITY-ST-ZIP LOUISVILLE KY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME MACCAFERRI, MARCO
STREET ADDRESS 4408 HUNSINGER LN
CITY-ST-ZIP LOUISVILLE KY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE PRAS/KOD
6.2 NAME Ben Jackson
6.3 STREET ADDRESS 263 America Place
6.4 CITY-ST-ZIP Jeffersonville IN 47130

14. I do 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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

DATE 7/25/97

CR2E034 (4/97)