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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000005122 (5)

DOCUMENT # 1. Corporation Name RANGE KLEEN MFG., INC.

Principal Place of Business

Mailing Address



4403 N.W. 79TH TERRACE ROAD OCALA FL 34482-2089			4403 N.W. 79TH TERRACE ROAD OCALA FL 34482-2089			
					3. Date Incorporated or Qualified 10/20/1995	3a. Date of Last Report
2. Principal Pla	_	2a. Mailing Address			4. FEI Number	Applied For
21	Same 26		Same		34-4431982	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		i	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		Florida Statutes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent
010014	100 050410 0		81	Name	No change	
O'CONNOR, GERALD D 4403 N.W. 79TH TERRACE ROAD OCALA FL 34482-2089			82			
			83	<del></del>		
UCALA	rl 34462-2069		63			
				City		FL 85 Zip Code
or registere	io agent, or both, in the State of Fio	rida. Such chance was aufhor	ized by the coroor	med corporati ation's board	on submits this statement for the purp of directors. I hereby accept the appo	xose of changing its registered office intruent as registered agent. I am
ramıllar vyıtı	n, and accept the obligations of, Sei	ction 607.0505, Florida Statute	es.			
SIGNATURE _	Signature, typed or printed name of registered ago	ent and title if applicable (h	NOTE Registered Agent s	analure required w	hen reinstatus ú	DATE
12.	OFFICERS A	ND DIRECTORS	13.	19 KAN 0 70(7 11 00 14	ADDITIONS/CHANGES TO OFFICE	
TITLE	PCT	☐ DEL€TE	1. 1 TITLE			Change
NAME	O'CONNOR, GERALD D		1.2 NAME			
STREET ADDRESS	4240 EAST ROAD		1.3 STREET AD	DDRESS 44	03 N.W. 79th Te	rruce Road
CITY-ST-ZIP	LIMA OH 45807		1.4 CITY - ST - 1	71P 06	03 N.W. 79th Te 1914, FL. 34482	-2089
THILE	DS	☐ DELETE	2. 1 TITLE		•	Change Addition
NAME	DALEY, CHARLES W		2.2 NAME			
STREET ADDRESS	1728 ALLENTOWN ROAD		2 3 STREET AC	DORESS		
CITY-S1-ZIP TITLE	LIMA OH 45805	DELETE	2.4 CiTY - S1 - 3	2IP		
NAME		[] bttert	3 1 TITLE			Change Addition
STREET ADDRESS			3.2 NAME	DDDCCC		
CITY-ST-ZIP			3.3 STREET AL 3.4 City-St-2	1		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4. 1 TiTLE	2117		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET AD	DDRESS		
CITY-ST-ZIP			4.4 C(TY - ST - 2	ZIP		
THE		☐ DELETE	5. 1 T(TLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET AD	ODRESS		
CITY-ST-ZIF			5.4 CITY-\$1-2	ZIP		
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET AD	DA.		
14. I do hereby	certify that the information supplied	with this filing is voluntarily for	64 CITY ST-2	ZIP VICTOR	halfation stated in Section 110.0	7/2V/I/) Florido Ctot de 14 de
certify that to oath; that I appears in I	certify that the information supplied the information indicated on this and am an officer or director of the corp. Block 12 or Block 13 if changed, or JRE:	on an attachment with an add	nual report (6) ee empoweed to dress.	VOI COS EEN	the Myption stated in Section 119.0 Mypat my signature shall have the s point My quired by Chapter 607, Flor	7(3)(K), Florida Statutes, I further ame legal effect as if made under ida Statutes; and that my name
SIGNATI	JRE: SIGNATURE AND TYPED O	Mark CFO	PI CER OR DIRECTOR BY	1. (419) 331-6	8, ONIO 4580.	Daytime Prione #