

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 # F95000005254 (6)

1. Corporation Name

CUTTERS KORNER, INC.



Principal Place of Business

11290 ST JOHNS INDUSTRIAL PKWY #1
JACKSONVILLE FL 32246

Mailing Address

11290 ST JOHNS INDUSTRIAL PKWY #1
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3338097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

DANNY SEFFENS

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

11290 ST. JOHNS INDUSTRIAL PKWY

83

84 City

JACKSONVILLE

FL

85 Zip Code

32246

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

TITLE

~~PTDC~~

☒ DELETE

NAME

~~NIELSEN, KIMBERLY A~~

STREET ADDRESS

~~11290 ST JOHNS INDUSTRIAL PKWY., #1~~

CITY - ST - ZIP

~~JACKSONVILLE FL 32246~~

TITLE

~~S~~

☒ DELETE

NAME

~~MCFATTER, NADINE G~~

STREET ADDRESS

~~234 9TH AVE., S.~~

CITY - ST - ZIP

~~JACKSONVILLE BEACH FL 32250~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change

☒ Addition

1.2 NAME

ROB ZIMMERMAN

1.3 STREET ADDRESS

11290 ST. JOHNS INDUSTRIAL PKWY, #1

1.4 CITY - ST - ZIP

JACKSONVILLE, FL 32246

2.1 TITLE

VICE PRESIDENT

☒ Change

☒ Addition

2.2 NAME

GARY NOCHIMSON

2.3 STREET ADDRESS

12783 BAY PLANTATION DRIVE

2.4 CITY - ST - ZIP

JACKSONVILLE FL 32223

3.1 TITLE

SECRETARY / TREASURER

☐ Change

☒ Addition

3.2 NAME

SCOTT ZIMMERMAN

3.3 STREET ADDRESS

11290 ST. JOHNS INDUSTRIAL PKWY, #1

3.4 CITY - ST - ZIP

JACKSONVILLE, FL 32246

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)