

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006348

1. Entity Name
BEMCORE TOOL, INC.



Principal Place of Business
**6161 RIP RAP RD
DAYTON, OH 45424**

Mailing Address
**6161 RIP RAP RD
DAYTON, OH 45424**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **31-0727111** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERRITT, BILL
114 LAKE JULIA DR N.
PONTE VEDRA, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MERRITT, BILL
STREET ADDRESS	114 LAKE JULIA DR N.
CITY - ST - ZIP	PONTE VEDRA, FL 32082
TITLE	SD
NAME	MERRITT, GLENDA
STREET ADDRESS	114 LAKE JULIA DR N.
CITY - ST - ZIP	PONTE VEDRA, FL 32082
TITLE	V
NAME	MERRITT, GARY
STREET ADDRESS	3715 BERRYWOOD CT
CITY - ST - ZIP	DAYTON, OH 45424
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/22/04-80084-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Merritt **GARY Merritt** 2-18-04 937-233-0135