2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2000 8:00 am Secretary of State OCUMENT # G00251 A.W.K. INDUSTRIES, INC. 02-04-2000 90080 025 ***150.00 ोडून Place of Business Mailing Address ROSE AVE PO BOX 607267 TT FL 32810 ORLANDO FL 32860-7267 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2220195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLUTTS, ALVIN W. Street Address (P.O. Box Number is Not Acceptable) 7454 GROVE OAK ORLANDO FL 32810 Zip Code FL 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. agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!!. FEE IS \$150.00--- - --10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD CR2E034 (9/99) ☐ Change ☐ Delete TITLE ☐ Addition KLUTTS, ALVIN W. NAME 7454 GROVE OAK STREET ADDRESS ST ZIP CITY-ST-7IP ORLANDO FL ☐ Delete Change ☐ Addition TITLE NAME ********* STREET ADDRESS ST ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME Voliticati STREET ADDRESS ST ZIP CITY-\$T-ZIP Delete TITLE Change ☐ Addition NAME ADDOCCO STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

*DOUEGG

LVIN W. KLUTTS 1-28-2000

☐ Change

☐ Addition