

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 19

DOCUMENT # H08098

(6)

1. Corporation Name

TOMKATH CORPORATION

Principal Place of Business

9 JASON CT.
% O'SHEA
MATAWAN NJ 07747

Mailing Address

9 JASON CT.
% O'SHEA
MATAWAN NJ 07747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

02/07/1994

4. FEI Number

22-2577767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Elective Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. The corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWENBERG, ETHEL
% JANOK
5100 WOODSTONE CIRCLE EAST
SPRINGHILL, FL LAKE WORTH, F 33463

81 Name

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

83

84 City

FL

85

Zip Code

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 of person named as registered agent and the filer (owner)

Signature of person named as registered agent and the filer (owner)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	O'SHEA, KATHLEEN
STREET ADDRESS	9 JASON CT
CITY, ST, ZIP	MATAWAN NJ
TITLE	VST
NAME	O'SHEA, KATHLEEN
STREET ADDRESS	9 JASON CT % O'SHEA
CITY, ST, ZIP	MATAWAN NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	PRES, SECRETARY	☐ Change ☐ Addition
15 NAME	O'SHEA, KATHLEEN	
16 STREET ADDRESS	9 JASON CT	
17 CITY, ST, ZIP	MATAWAN, N.J. 07747	☒ Change ☐ Addition
18 TITLE		☐ Change ☐ Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE		☐ Change ☐ Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE		☐ Change ☐ Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE		☐ Change ☐ Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect and make under oath, that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or added officers and directors.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR