

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

AMMENDED
REPORT

DOCUMENT # H08098

1. Corporation Name

TOMKATH CORPORATION

Principal Place of Business

Mailing Address

369 BENNINGTON LA.
C/O T.B. HARNETT
LAKE WORTH, FLA. 33467

369 BENNINGTON LA.
C/O T.B. HARNETT
LAKE WORTH, FLA. 33467

3. Date Incorporated or Qualified

06/15/84

3a. Date of Last Report

01/29/96

2. Principal Place of Business

2a. Mailing Address

21 369 BENNINGTON LA.
Suite, Apt. #, etc.

26 369 BENNINGTON LA.
Suite, Apt. #, etc.

22

27 C/O T.B. HARNETT

23 City & State

28 City & State

LAKE WORTH, FLA.

LAKE WORTH, FLA.

24 Zip

25 Country

29 Zip

30 Country

33467

U.S.A.

33467

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWENBERG, ETHEL
C/O JANOK

5100 WOODSTONE CIRCLE EAST
SPRING HILL, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature requires voter's retesting)

DATE

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, N.J. 07747

☒ DELETE

TITLE VST
NAME O'SHEA, KATHLEEN
STREET ADDRESS
CITY-ST-ZIP MATAWAN, N.J. 07747

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PST D
1.2 NAME HARNETT, THOMAS B.
1.3 STREET ADDRESS 369 BENNINGTON LA.
1.4 CITY-ST-ZIP LAKE WORTH, FLA. 33467

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

THOMAS B. HARNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96
Date

Daytime Phone #

CR2E034 (12/95)