**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 # **H99788** **(2)**

1. Corporation Name

**ALLKOTE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1888 WHISPERING WAY<br>TARPON SPRINGS FL 34689 | 1888 WHISPERING WAY<br>TARPON SPRINGS FL 34689 |

3. Date Incorporated or Qualified: **02/18/1986**

3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21 3582 Rolling Trl
22 Suite, Apt. #, etc.
23 City & State: Palm Harbor FL
24 Zip: 34684 25 Country: U.S.A

2a. Mailing Address
26 3582 Rolling Trl
27 Suite, Apt. #, etc.
28 City & State: Palm Harbor FL
29 Zip: 34684 30 Country: U.S.A.

4. FEI Number: **59-2642120** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

**GANNO, JOSEPH S**
**1888 WHISPERING WAY**
**TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name: GANNO, JOSEPH S
82 Street Address (P.O. Box Number is Not Acceptable): 3582 Rolling Trl
83
84 City: Palm Harbor FL 85 Zip Code: 34684

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: Joseph S Ganno DATE: 1/26/96
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PVPS ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | GANNO, JOSEPH S | 1.2 NAME | |
| STREET ADDRESS | 1888 WHISPERING WAY | 1.3 STREET ADDRESS | 3582 Rolling Trl |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | 1.4 CITY-ST-ZIP | Palm Harbor FL 34684 |
| TITLE | T ☐ DELETE | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | GANNO, JOSEPH S | 2.2 NAME | |
| STREET ADDRESS | 1888 WHISPERING WAY | 2.3 STREET ADDRESS | 3582 Rolling Trl |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | 2.4 CITY-ST-ZIP | Palm Harbor, FL. 34684 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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:** Joseph S Ganno — President 1/26/96 813-784-2527
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #