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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:28

DOCUMENT # **K40616** (0)

1. Corporation Name

S-K-M SUPPLY II, INC.

Principal Place of Business	Mailing Address
% VINCENT W. SHIEL 6900 S E GOLFHOUSE DR HOBE SOUND FL 33455 US	% VINCENT W. SHIEL 6900 SE GOLFHOUSE DR HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1988
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0079251 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHIEL, VINCENT W.
6900 GOLFHOUSE DR
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

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: Vincent W Shiel 1/10/95
(Signature, typed or printed name of registered agent and the date as required) (Required) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHIEL, VINCENT W.	12 NAME	
STREET ADDRESS	6900 SE GOLFHOUSE DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	SHIEL, STUART A.	22 NAME	
STREET ADDRESS	1926 RANKIN RD	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	KROGER, MARK E	32 NAME	
STREET ADDRESS	110 BAIRD PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD OH	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MILLS, LOWELL E.	42 NAME	
STREET ADDRESS	307 REGENCY RIDGE DR	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	HEYMAN, RALPH E.	52 NAME	
STREET ADDRESS	10 COURTHOUSE PLAZA 1100	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(i), 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 added to the report.

SIGNATURE: Vincent W. Shiel 1/15/95 407 576 5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260302 CP