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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K40616

(0)

1. Corporation Name  
S-K-M SUPPLY II, INC.

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

Mailing Address  
% VINCENT W. SHIEL  
6900 SE GOLFHOUSE DR  
HOBE SOUND FL 33455-8049  
US



3. Date Incorporated or Qualified 10/21/1988  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0079251  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SHIEL, VINCENT W.  
STREET ADDRESS 6900 SE GOLFHOUSE DR  
CITY - ST - ZIP HOBE SOUND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME SHIEL, STUART A.  
STREET ADDRESS 1928 RANKIN RD  
CITY - ST - ZIP HOUSTON TX

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE DVP ☐ DELETE

NAME KROGER, MARK E  
STREET ADDRESS 110 BAIRD PARKWAY  
CITY - ST - ZIP MANSFIELD OH

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME MILLS, LOWELL E.  
STREET ADDRESS 307 REGENCY RIDGE DR  
CITY - ST - ZIP DAYTON OH

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE DS ☐ DELETE

NAME HEYMAN, RALPH E.  
STREET ADDRESS 10 COURTHOUSE PLAZA 1100  
CITY - ST - ZIP DAYTON OH

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)