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Mar 19 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 # K44722

(2)

1. Corporation Name
FORCON PRECISION PRODUCTS INC.



Principal Place of Business
C/O CONNIE TOMS
1110 PINE ISLAND ROAD, #28
CAPE CORAL FL 33909

Mailing Address
C/O CONNIE TOMS
1110 PINE ISLAND ROAD, #28
CAPE CORAL FL 33909-2180

3. Date Incorporated or Qualified
11/10/1988

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 c/o Scott Toms
Suite, Apt. #, etc.

22 1110 Pine Island Rd., #28
City & State

23 Cape Coral, FL
Zip Country

24 33909

9. Name and Address of Current Registered Agent

SCOTT TOMS
1110 PINE ISLAND ROAD, #28
#28
CAPE CORAL FL 33909

2a. Mailing Address

26 c/o Scott Toms
Suite, Apt. #, etc.

27 1110 Pine Island Rd., #28
City & State

28 Cape Coral, FL
Zip Country

29 33909

30

4. FEI Number
65-0080263

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

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

(Signature of registered agent and principal officer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SCOTT TOMS
STREET ADDRESS
1110 PINE ISLAND ROAD, #28
CITY, ST, ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
PAUL SAALMULLER
STREET ADDRESS
1110 PINE ISLAND ROAD, #28
CITY, ST, ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 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 included 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

3-14-97

Date

1941574-4543

Daytime Phone

0405602

CR2E034 (9/96)