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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K58528 (6) D.R. KOLMETZ, INC. Principal Place of Business Mailing Address C/O D.R. KOLMETZ 101 COOK STREET P. O. BOX 301 VERNON FL 32462-0301									
VERNON FL 32	2462	US	•			3. Date Incorporated or Qualified	3a.	Date of Last	Report
						01/17/1989	į.	8/05/199	•
2. Principal Pla	ace of Business		Mailing Address			4. FEI Number			Applied For
1 3010	DAWKINS S	f. 26	P.O. Bo.	X 301	·	59-2963471			Not Applicable
Suite, Apt.≇	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		27]	City & State		····	6. Election Campaign Financing			May Be
3 Vern	non Fl	28	VERNON,	FL		Trust Fund Contribution			d to Fees
Zφ	Country		Zip	Count	ry ,	8. This corporation has liability for	intangib	~	
4 3246		TON 29	32462	30 WA	shington		Yes		
	9. Name and Address of C	urrent Regist	ered Agent			10. Name and Address of New R	egistere	d Agent	
	METZ, D.R.			8	1 Name				
101 COOK STREET			82 Street Add		2 Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
VER	NON FL 32462			8	<u> </u>				
				ľ	3				
				8	4 City		F	85 Zi	p Code
	to the provisions of Sections 60:	7.0502 and 60	7 1509 Etorida Statu	ites the abo	un named soro	aration submits this statement for the			its registered
 Pursuant t office or re 	egistered agent, or both, in the	State of Florid	a. Such change was	authorized	by the corporation	on's board of directors. I hereby acce	pt the a	ppointment (as registered
SIGNATURE	Sign it we, typed or printed name of register	red agent and title it	applicable (NC	Tt.: Registered A	by the corporations.		DATE		
SIGNATURE	Sign vive, typed or protest name of register OFFICERS		applicable (NO	TE: Registered A	gent signature require		DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. THILE	Sign it in a typical or person name of impose OF FICER:	red agent and title it	applicable (NC	TE: Registered A	gent signature require	ad when reinstating)	DATE		ORS IN 12
SIGNATURE 12. THEE NAME	Sign of the Applied of product name of Applied OFFICERS DP KOLMETZ, D.R.	red agent and title it	applicable (NO	TE: Registered A 13. 1.1 TITLE	gent signature require	ad when reinstating)	DATE	ND DIRECTO	ORS IN 12
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14. If 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-17

904 535-2389

FILED

May 05 1997 8:00am

Secretary of State