FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 AM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **L79170** **(1)**

1. Corporation Name

~~WHEEL WEIGHTS CORP.~~

K + S MANUFACTURING, INC

Principal Place of Business	Mailing Address
% JOHN KELLY 2611 HWY 40 EAST INGLIS FL 34449 US	% JOHN KELLY 2611 HWY 40 EAST INGLIS FL 34449 US

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3009382 ☐ 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

JOHN W. KELLY
1427 BCH WALKER
AMELIA ISLD FL 32034

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 _____ DATE
Signature, typed 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, JOHN W	1.2 NAME	
STREET ADDRESS	1427 BCH WALKER	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SHARKEY, JON	2.2 NAME	
STREET ADDRESS	11579 OSAGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, KEN	3.2 NAME	
STREET ADDRESS	RT 1 BOX 326-6 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SHARKEY, AMY	4.2 NAME	
STREET ADDRESS	11579 OSAGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	KELLY, MARGORIE	5.2 NAME	KELLY, MARJORIE
STREET ADDRESS	1427 BEACH WALKER	5.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL	5.4 CITY-ST-ZIP	CH
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Amy Sharkey AMY SHARKEY 4-11-95 9044473571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487832 FP