

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90162 036 ***150.00

DOCUMENT # P02280

1. Corporation Name

QUIKEY MANUFACTURING CO., INC.

Principal Place of Business

POST OFFICE BOX 3628
1500 INDUSTRIAL PARKWAY
AKRON OH 44310

Mailing Address

1500 INDUSTRIAL PARKWAY
AKRON OH 44310
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1984

4. FEI Number

34-0858427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DAVIS, JAMES R.
100 THORPE ROAD
ORLANDO FL 32824

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME STILLER, WILLIAM B
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE PD
NAME BURNS, MICHAEL W.
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE VSTD
NAME BURNS, PATRICK P.
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE VD
NAME STILLER, THOMAS E.
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE D
NAME STILLER, MICHAEL
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE D
NAME BARRETT, JAMES
STREET ADDRESS 1500 INDUSTRIAL PKWY
CITY-ST-ZIP AKRON OH ☐ DELETE

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK P. BURNS 4/28/99 633-8106 (330)

CR2E034 (11/98)