

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33803

(8)

1. Corporation Name

UNITED BUMPER SALES, INC.

Principal Place of Business

14645 AERIES WAY DR.,
FT. MYERS FL 33912

Mailing Address

14645 AERIES WAY DR.,
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

02/16/1996

4. FEI Number

43-1557129

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 14440 Hickory Fairway Ct

2a. Mailing Address

26 14440 Hickory Fairway Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Myers FL

City & State

28 Fort Myers, FL

Zip

24 33912

Country

25 LEE

Zip

29 33912

Country

30 LEE

9. Name and Address of Current Registered Agent

HORNICK, THOMAS G.
14645 AERIES WAY DR.
FT. MYERS FL 33912

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 CP ☐ DELETE

NAME HORNICK, THOMAS G.
STREET ADDRESS 14645 AERIES WAY DR.
CITY-ST-ZIP FT. MYERS FL

TITLE VS ☐ DELETE

NAME JACOBSMEYER, R.W.
STREET ADDRESS 548 DORAL
CITY-ST-ZIP WARSON WOODS MO

TITLE V ☐ DELETE

NAME DANIELLE, DANIEL L.
STREET ADDRESS 3948-62 LACLEDE AVE.
CITY-ST-ZIP ST. LOUIS MO

TITLE T ☐ DELETE

NAME HORNICK, THOMAS G.
STREET ADDRESS 14645 AERIES WAY DR.
CITY-ST-ZIP FT. MYERS FL

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 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 in an attachment with an address.

SIGNATURE

THOMAS G. HORNICK

THOMAS G. HORNICK

7/22/97

941-768-3624

CR2E034 (4/97)