

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 28 AM 7:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000027973 (5)

1. Corporation Name

THE NEW ZEALAND SHEEPSKIN COMPANY

Principal Place of Business

2214 ALVARADO LANE
SARASOTA FL 34231

Mailing Address

2214 ALVARADO LANE
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0429606

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 intangibles tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOEHLER, JEFFREY A.
2214 ALVARADO LN
SARASOTA FL 34231

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 in printed name of registered agent and that of agent)

(Signature typed in printed name of registered agent and that of agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

TD
KOEHLER, JEFFREY A
2214 ALVARADO LANE
SARASOTA FL

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

P
LINEHAN, VANESSA
2114 INNESFREE DR
ELLERSLIE AU

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

VP
HANSEN, SUSAN
2114 INNESFREE DR
ELLERSLIE AU

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

S
KOEHLER, TERIANN CREARY
2214 ALVARADO LN
SARASOTA FL

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

☐ Change ☐ Addition

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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 as an attachment with an address.

SIGNATURE:

Jeffrey A. Koehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95

P13-922-2415