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 MAY -1 AM 10: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000004372 (6)**

1. Corporation Name
HEIN-CUTTER, INC.

Principal Place of Business
~~2682 S. E. DELONG ROAD~~
~~PORT ST LUCIE FL 34952~~

Mailing Address
~~2682 S. E. DELONG ROAD~~
~~PORT ST LUCIE FL 34952~~

3. Date Incorporated or Qualified: 01/19/1994

3a. Date of Last Report:

21 2. Principal Place of Business: 2251 W. New Haven Ave

26 2a. Mailing Address:

4. FEI Number: 650462688 — Applied For / Not Applicable

22 Suite, Apt. #, etc.:

27 Suite, Apt. #, etc.:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State: W. Melbourne FL

28 City & State:

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip: 32904 — 25 County: Brevard

29 Zip: — 30 County:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BRODIE, LAWRENCE P~~
~~819 S FEDERAL HWY~~
~~SUITE 100~~
~~STUART FL 34994~~

10. Name and Address of New Registered Agent

81 Name: Robert L. Hein

82 Street Address (P.O. Box Number is Not Acceptable): 2251 W. New Haven

83 W. Melbourne

84 City: FL — 85 Zip Code: 32904

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: Robert L. Hein Pres Hein-Cutter INC — 26 April 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Robert L. Hein
STREET ADDRESS	1361 Helvenston ST NW
CITY-ST-ZIP	Palm Bay FL 32907
TITLE	Vice President
NAME	James L. Hein
STREET ADDRESS	971 SW 66th AVE
CITY-ST-ZIP	N. Lauderdale 33068
TITLE	Secretary
NAME	Dolores Cutter
STREET ADDRESS	2682 SE Delong Rd
CITY-ST-ZIP	Port St. Lucie FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 no address.

SIGNATURE: Robert L. Hein — 26 Apr 95 — 4072842173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037 0035 CP