

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004372 (6)

1. Corporation Name

HEIN-CUTTER, INC.

Principal Place of Business

2251 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904
US

Mailing Address

2682 S. E. DELONG ROAD
PORT ST LUCIE FL 34952



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34985

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

05/01/1995

4. FET Number

65-0462688

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 of corporation)

Signature (Typed or printed name of registered agent and title of corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HEIN, ROBERT L.
STREET ADDRESS 1361 HELVENSTON ST NW
CITY-ST-ZIP PALM BAY FL ☐ DELETE

TITLE VP
NAME HEIN, JAMES L.
STREET ADDRESS 971 SW 68TH AVE
CITY-ST-ZIP N. LAUDERDALE FL ☐ DELETE

TITLE S
NAME CUTTER, DOLORES
STREET ADDRESS 2682 SE DELONG RD
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP ☒ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
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)(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 an address.

SIGNATURE:

Robert L. Hein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 1996 407 984 2173
Date Day, Month & Year

CR2E034 (12/95)