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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 4:11

DOCUMENT # P94000016151 (0)

1. Corporation Name

FURNITURE & MACHINERY TECHNOLOGY SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 6295
SARASOTA FL 34278

P.O. BOX 6295
SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0474285

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONKLIN, THOMAS R
1332 W. WAY DR.
SARASOTA FL 34236

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)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

P/D
Klaus D. Hartmann
P.O. Box 6295
SARASOTA FL 34278 N/A

☐ Change ☐ Addition

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3/T
THOMAS R. Conklin
1332 West Way Dr
SARASOTA, FL 34236

☐ Change ☐ Addition

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

18. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

19. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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 (17C)(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 in person. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

THOMAS R. Conklin

Secretary/Treasurer

Date

1-9-95

813-220-1711
(Myrtle Beach, SC)