

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000034219 (3)

1. Corporation Name

SURE TORQUE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:47

Principal Place of Business

**6204 29TH STREET EAST
BRADENTON FL 34203**

Mailing Address

**6204 29TH STREET EAST
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0252126

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 intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BANKUTY, GEZA E
6204 29TH STREET EAST
BRADENTON FL 34203**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PRESIDENT

ILONA BANKUTY

705 KEY ROYALE DR

HOLMES BEACH FL 34217

VICE PRESIDENT & TREASURER

GEZA BANKUTY

705 KEY ROYALE DR

HOLMES BEACH FL 34217

VICE PRESIDENT & SECRETARY

JOHN NIEVES

8112 16th AVE NW

BRADENTON FL 34209

VICE PRESIDENT & ASST. SEC.

RONALD FORTIN

5670 COUNTRY LAKES DR.

SARASOTA FL 34243

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

①

1/31/95 CORPORATE DETAIL RECORD SCREEN 2:18 PM
NUM: P94000034219 ST:FL ACTIVE/FL PROFIT FLD: 05/02/1994
NAME : SURE TORQUE, INC.
PRINCIPAL: 6204 29TH STREET EAST
ADDRESS BRADENTON, FL 34203
RA NAME : BANKUTY, GEZA E
RA ADDR : 6204 29TH STREET EAST
BRADENTON, FL 34203
ANN REP : * NONE FILED *

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☐ Change ☐ Addition

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STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

12 NAME

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14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature/Name #