## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050822

LOCK TECH SUPPLY CO INC.

Principal Place of Business

195 COQUINA COURT ORMOND BEACH FL 32176 Mailing Address

195 COQUINA COURT ORMOND BEACH FL 32176 FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

06/28/1995

	and the second s	1				
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
115	"SASE GINIMANA"	26 PAME	·	59-3323249	Not Applicable	
Suite, Apt.	#; etc. =	Suite, Apt. #, etc.	,^	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e 0 ~	City & State		6. Election Campaign Financing	\$5.00 May Be	
ORW	LOND BCH. 12	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country 8. This corporation owes the current year			
\ 57C	76 25 VOLUÇIA	29 30	0	Intangible Personal Property.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CALC	CEDO JOSEPH		81 Name	181 Name SAUCEDO, DSEPH		
	CEDO, JOSEPH		82 Street Address (P.O. Box Number is Not Acceptable)			
195 COQUINA COURT						
ORMOND BEACH FL 32176			83			
			84 City C	RMANIA BENEZI FL	85 Zip Code 3217 (	
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 LOSSPH SECCESSO (/ Solces (/ Solces 0/15/00						
	Signature, typed or printed name of registered agent a	_ <i>u</i>	: Registered Agent signature		ID DIDECTORS IN 12	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
ITLE	D CALCEDO JOSEPH	DELETE		<b>.</b>	Change Addition	
AME	SALCEDO, JOSEPH		1.2 NAME	1420 N. ATLANTIC AVE		
TREET ADDRESS	2800 N. ATLANTIC AVE.		1.3 STREET ADDRESS		2216	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CITY-ST-ZIP	DAYTONA, BENCH, FC	22118	
TILE .		DELETE	2.1 TITLE		Change Addition	
IAME			2.2 NAME	<u> </u>	36(	
STREET ADDRESS			2.3 STREET ADDRESS	-08/30/000		
ITY-ST-ZIP	· <del></del>		2.4 CITY-ST-ZIP	****900.00	**** <u>900.00</u>	
TLE		DELETE	3.1 TITLE ^*	., .	Change Addition	
IAME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP		<del></del>	
TITLE		DELETE	4.1 TITLE		Change Addition	
IAME			4.2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
ITY-ST-ZIP			4,4 CITY-ST-ZIP		<del></del>	
ITLE (		☐ DELETE	5.1 TITLE		Change Addition	
IAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
XTY-ST-Z#P			5.4 CTTY-ST-ZIP			
TTLE		DELETE	6.1 TITLE		Change Addition	
IAME			6.2 NAME		0.00	
TREET ADDRESS		-	6.3 STREET ADDRESS		NE	
ITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: