## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000061197 (6)

SUREKUT SHARPENING & SUPPLIES, INC.

## FILED May 19 1998 8:00am Secretary of State



				[ (881/984 PA) 410 (810) BIFA 884A 884A 884A 884A 88	AOD BAOD DABOL DIBID DE DA 1887 1887
Principal Plac		Mailing Address			
1401 W BEA	ver 8t Le Fl 32209	1401 W BEAVER ST JACKSONVILLE FL 32209			
PHONOCHAIL	LE PE SEEVE	ANOMODITALE LE MESOS		DO NOT WRITE IN T	HIS SPACE
				<ol> <li>Date Incorporated or Qualified 08/07/1995</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
201	9 West Bauer St.	26 2019 Worth	Gaver St.	59-3329255	Not Applicable
Suite, Apt.		Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 1) -1	City & State	11 -1	6. Election Campaign Financing	\$5.00 May Be
23 Jack	sonville, FL	28 Jacksonvil	ne, the	Trust Fund Contribution	Added to Fees
Zip	Country	70272A9	Country	8. This corporation owes or has paid the	
24 3226	120 100	29 500 1 3	0 45H	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
Scatt D Speace					
	Of W BEAVER ST	Address (P.O. Box Number is Not Acceptable)  9 West Bewer St.			
JA	CK80NVILLE FL 32209	1 We>T Dewer >T.			
			83 Un;	<del>                                      </del>	
			84 City	Tack souville	85 Zip Code
11 Durauant	to the provinces of Sections 607.050	and 607 1609 Floride Ctatutos	the above named	corporation submits this statement for the purpo	FL 32209
office or r	egistered egent, of both, in the State	of Florida, Such change was au	thorized by the corp	poration's board of directors. I hereby accept the	appointment as registered
agent la	m familiar with, 1111 accord the obliga	itions of, Section 607.0505, Flori	da Statutes.	4-2	7-98
SIGNATURE	Signature, typed or printed name of registered ager	d mod title d greekenhile (MCIII )	Panietored Agnot construe	<del></del>	ATF
12.	OF FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DV	DELETE	1.1 TITLE	DV	Change Addition
NAME	<b>S</b> PENCE, DOUGLAS E		1.2 NAME	Spence, Douglas E	
STREET ADDRESS	1401 W BEAVER ST		1.3 STREET ADDRESS	ZOIA West Bouver St. Unit	<b>  #  </b>
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	zola west Bower St. Unit Jacksonville, Florida 3	2209
TITLE	ĎΡ	DELETE	2.1 TiTLE	DP	Change Addition
NAME	SPENCE, SCOTT D		2.2 NAME	Spence, Scott D	1 -1 -
STREET ADDRESS	1401 W BEAVER ST		2.3 STREET ADDRESS	2019 West Boaver St. Un	(十年 )
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP	Jacksonville, FL 3220	٩
TITLE		☐ DELETE	31 THTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1,44,5
TITLE		DELETE	5.1 TRLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for I	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
officer or o	director of the corporation or the rece	iver or trustee empowered to exi	ate and that my sig ecute this report as	nature shall have the same legal effect as if mad s required by Chapter 607, Florida Statutes; and t	hat my name appears in
Block 12 (	or Block 13 if changed, or on amoutac	ment with an address.	•		•