

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061197

1. Corporation Name

SUREKUT SHARPENING & SUPPLIES, INC.

Principal Place of Business

2019 W BEAVER STREET
UNIT 1
JACKSONVILLE FL 32209
US

Mailing Address

2019 W BEAVER STREET
UNIT 1
JACKSONVILLE FL 32209
US

2. Principal Place of Business

21 SAME AS ABOVE
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS ABOVE
Suite, Apt. #, etc.

City & State

23
City & State

City & State

28
City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SPENCE, SCOTT D
2019 WEST BEAVER STREET
UNIT 1
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

08/07/1995

4. FEI Number

59-3329255

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 owes the current year Intangible
Personal Property Tax.

☐

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME SPENCE, DOUGLAS E
STREET ADDRESS 2019 WEST BEAVER ST, UNIT 1
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DP ☐ DELETE

NAME SPENCE, SCOTT D
STREET ADDRESS 2019 W BEAVER ST, UNIT 1
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90143 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)