

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000084353 (8)

1. Corporation Name

TODD INDUSTRIES, INC.



Principal Place of Business

2615 ROBINSON AVENUE  
SARASOTA FL 34232

Mailing Address

2615 ROBINSON AVENUE  
SARASOTA FL 34232

3. Date Incorporated or Qualified  
11/02/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 1003 EAST AVENUE N.

Suite, Apt. #, etc.

22 SUITE B

City & State

23 SARASOTA FL

Zip

24 34237

Country

25 USA

2a. Mailing Address

26 1003 EAST AVENUE N.

Suite, Apt. #, etc.

27 SUITE B

City & State

28 SARASOTA FL

Zip

29 34237

Country

30 USA

4. FEI Number

65-0623603

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VAN WINKLE, MARY E ESQ.  
3844 BEE RIDGE ROAD  
SUITE 202  
SARASOTA FL 34233

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 D ☐ DELETE

NAME HASEMEIER, JOHN T  
STREET ADDRESS 2615 ROBINSON AVENUE  
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/M ☒ 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

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

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 119.07(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

4/30/96

941-366-1288

Date

Daytime Phone #

CR2E034 (12/95)