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 # P96000099690

1. Corporation Name

KENCO TOOLING, INCORPORATED

· =•••								
Principal Place	e of Business	Mailing Address			- 1021/221 (12 101/2 211/1 201/1 201/1 201/1 201/1		- 3	
100 CHURCH ST 100 CHURCH ST								
KISSIMMEE FL 34741 KISSIMMEE FL 34741 US US						DO NOT MOTE IN THE	27492	
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/09/1996		
								4 11 - d Faa
2. Principal Place of Business 2a. Mailing Address 25 Po Box 450						4. FEI Number		Applied For
20 1						59-2410559		Not Applicable
Suite, A pt. 22	9	Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing		0 _May Be
23 KISS	IMMEE	28 KISSIMME				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou			8. This corporation owes the current year Inte		-
24 34744	- 1515 25 OSCEOL	A 29 34745-0758	30 O	KE.	COA ·	Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address o	f Current Registered Agent		<u> </u>	,	10. Name and Address of New Registered	Agent	
				81	Name			
	ES, R S JR			82	Street Addre	ass (P.O. Box Number is Not Acceptable)		
100 CHURCH ST						(i to box italians to recrease and		
KISS	SIMMEE FL 34741			83		·		
							11	
				84	City	FL	85 Zi	p Code
agent, I a	im familiar with, and accept the	ne obligations of, Section 607.0505, F	lorida Stati	utes	i. nt signature required	n's board of directors. I hereby accept the appoir		
12.		CERS AND DIRECTORS	13.	rigei	T Signip to to to qui do	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TF	TLE			☐ Chang	
NAME.				1.2 NAME				
	TA WOOTTON EV DOAD) TETTENHALL			TADDRESS			
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NAME	[2.2 N					
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NAME			3.2 N					
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CITY-ST-ZIP			4.4 CI	ITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE			Chang	e 🔲 Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 8	TREE	T ADDRESS			
CITY ST 7/D			5.4 C	rry-s	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 by 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 officer or director of the corporation by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90041 002 ***150.00