FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 25, 2002 8:00 am P97000041978 DOCUMENT # Secretary of State 1. Entity Name 06-25-2002 90450 044 ***150 00 **BOKAY MANUFACTURING INC.** Principal Place of Business Mailing Address P O BOX 345 P O BOX 345 PALATKA: FL 32178 B0125607 PALATKA FL 32178 ddress al Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number & State 59-3444106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALFORD, STEVEN RT 1, 80X 267 K SAN MATEO FL 32187 omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 🗘 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TITLE ALFORD, STEVEN NAME STREET ADDRESS P O BOX 345 N/A STREET ADDRESS PALATKA FL 32178 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ALFORD, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS P.O BOX 345 N/A CITY-ST-ZIP PALATKA FL 32178 CITY-ST-7IP ☐ AddItion TITLÈ ~ 🔲 Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

Date

SIGNATURE:

Attachment Document #

Bokay Manufacturing, Inc. P.O. Box 345 Palatka, Florida 32178 P9700041978 59-3444106

P970041978

June 19-2002

Div of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern,

This letter is to request abatement of penalty for late filing. During the time period my report was due I was experiencing problems with my <u>previous</u> bookkeeper. She was suppose to mail the report off and it wasn't until I took my information to the new bookkeeper and she went through my paperwork she found the report and check not mailed. I was also experiencing some difficulty at work due to an employee getting injured and almost loosing his hand. Therefore I wasn't in the office as much as I should have been. Please take this matter into consideration. Your cooperation and help will be greatly appreciated.

Thank you,

Steven Alford President

SA/lw

cc:file