

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90028 041 ***150.00

DOCUMENT # P98000057348

1. Corporation Name
CUTTER INDUSTRIES, INC.



Principal Place of Business

~~200 GALEN DR., STE. 304~~
~~KEY BISCAYNE FL 33149~~

Mailing Address

~~200 GALEN DR., STE. 304~~
~~KEY BISCAYNE FL 33149~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

65-0846366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 320 RIDGEWOOD ROAD

Suite, Apt. #, etc.

22

City & State

23 KEY BISCAYNE FL

Zip

24 33149

Country

25 USA

2a. Mailing Address

26 320 RIDGEWOOD ROAD

Suite, Apt. #, etc.

27

City & State

28 KEY BISCAYNE FL

Zip

29 33149

Country

30 USA

9. Name and Address of Current Registered Agent

STICKNEY, TIMOTHY P
104 CRANDON BLVD., STE. 309
KEY BISCAYNE FL 33149

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 DPVS ☐ DELETE

NAME EISENHOUR, JOHN M

STREET ADDRESS 200 GALEN DR., STE. 304

CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE T ☐ DELETE

NAME EISENHOUR, JOHN M

STREET ADDRESS 200 GALEN DR., STE. 304

CITY-ST-ZIP KEY BISCAYNE FL 33149

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 EISENHOUR

1.3 STREET ADDRESS 320 RIDGEWOOD ROAD

1.4 CITY-ST-ZIP KEY BISCAYNE FL 33149

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EISENHOUR

2.3 STREET ADDRESS 320 RIDGEWOOD ROAD

2.4 CITY-ST-ZIP KEY BISCAYNE FL 33149

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 #

CR2E034 (11/98)

0220947