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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 825393

(2)

1. Corporation Name

KROPF MANUFACTURING CO., INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 30
GOSHEN IN 46526

POST OFFICE BOX 30
GOSHEN IN 46527-0030



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/17/1970

3a. Date of Last Report

06/04/1996

4. FEI Number

35-0918279

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

10. Name and Address of New Registered Agent

KROPF, VERNON
129 HOLLY AVE.
SARASOTA FL 34243

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KROPF, ROBERT
STREET ADDRESS 58735 STATE ROAD 15 R7
CITY-ST-ZIP GOSHEN IN

11 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME KROPF, VERNON
STREET ADDRESS 129 HOLLY AVE.
CITY-ST-ZIP SARASOTA, FL 00000

12 NAME ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME KROPF, DOROTHY
STREET ADDRESS 58735 SR15
CITY-ST-ZIP GOSHEN, IN 00000

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KROPF, EMILITA
STREET ADDRESS 129 HOLLY AVE.
CITY-ST-ZIP SARASOTA, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kropf, Pres.

April 21, 1997

(219) 533-2171

Date

Daytime Phone #

0479655

CR2E034 (9/96)