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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 629789 (9)

1. Corporation Name

TOOL-TRONICS HYDROSPACE, INC.

Principal Place of Business	Mailing Address
38835 CR 54 UNIT H ZEPHYRHILLS, FL 33540-2728	P.O. BOX 998 ZEPHYRHILLS, FL 33539-0998

3. Date Incorporated or Qualified 07/17/1979	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1917544	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
24	25	29	30

9. Name and Address of Current Registered Agent

CLANTON, JOHN S. JR
39032 CANARY AVE
ZEPHYRHILLS, FL 33540

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 or officer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CLANTON, JOHN S. JR	12 NAME	
STREET ADDRESS	39032 CANARY AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	14 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CLANTON, MARGARET A.	22 NAME	
STREET ADDRESS	39032 CANARY AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	24 CITY-ST-ZIP	
TITLE	TP ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CLANTON, MAUREEN E	32 NAME	
STREET ADDRESS	40118 PROUD MOCKINGBIRD RD	33 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	34 CITY-ST-ZIP	
TITLE	S ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	REED, JEANNE M	42 NAME	
STREET ADDRESS	38319 "A" AVD	43 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Maureen E. Clanton MAUREEN E. CLANTON 8-19-97 813-782-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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TOOL-TRONICS HYDROSPACE, INC.

38835 HWY 54 EAST UNIT H
ZEPHYRHILLS, FL 33540
PHONE: (813) 782-7177 FAX: (813) 782-5112

July 24, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

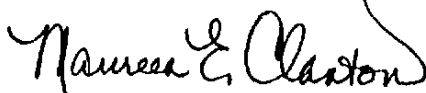
Re: Doc# 629789 (9)

Enclosed please find a copy of your Profit Corporation Annual Report 1997 with notation thereon, of compliance and payment of same dated April 24, 1997. Check number 5329 was issued and sent along with this report.

Both were apparently lost in the mail. I have initiated a trace with the Post Office and put a stop payment on the original check. I have reissued Check number 5367 to replace the check in question.

Please note that I have performed in good faith with the expectation that completion of this obligation was made in a timely manner.

Very truly yours,



Maureen E. Clanton
President