

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 27 AM 10:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 690987 (3)**  
1. Corporation Name  
**TRI-STATE TOOLING CO.**

Principal Place of Business Mailing Address  
**10990 70 AVE. N.  
P O BOX 3473  
SEMINOLE FL 34645-0473  
US**

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

3. Date Incorporated or Qualified **06/18/1981** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **59-2110174** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ARRIGHI, EDWARD JR.  
10990 70TH AVENUE, NORTH  
SEMINOLE FL 34642-7473**

10. Name and Address of New Registered Agent  
81 Name **EDWARD J. ARRIGHI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7077 HARBOR VIEW LANE**  
83  
84 City **SEMINOLE** FL 85 Zip Code **34646**

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 Edward J. Arrighi **EDWARD J. ARRIGHI** DATE **4/21/95**  
Signature, typed or printed name of registered agent and, if applicable, the appointor. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ARRIGHI, EDWARD JR</b>
STREET ADDRESS	<b>10990 70TH AVENUE N</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>
TITLE	<b>TS</b>
NAME	<b>ARRIGHI, CAROL</b>
STREET ADDRESS	<b>7077 HARBOR VIEW LN</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an address.  
SIGNATURE: Edward J. Arrighi **EDWARD J. ARRIGHI** DATE **4/21/95** DISTRICT PHONE # **813-397-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR