

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **690987** (3)

1. Corporation Name
TRI-STATE TOOLING CO.



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/18/1981**
3a. Date of Last Report: **04/27/1995**
4. FIC Number: **59-2110174**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. 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. 7077 HARBOR VIEW LANE SEMINOLE FL 34646**
81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.011 and 607.1506, 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 approved 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 607.011, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ARRIGHI, EDWARD JR	TITLE:	
NAME:	10990 70TH AVENUE N	12 NAME:	
STREET ADDRESS:	SEMINOLE, FL 00000	13 STREET ADDRESS:	
CITY, ST, ZIP:		14 CITY, ST, ZIP:	
TITLE: TS	ARRIGHI, CAROL	15 TITLE:	
NAME:	7077 HARBOR VIEW LN	16 NAME:	
STREET ADDRESS:	SEMINOLE FL	17 STREET ADDRESS:	
CITY, ST, ZIP:		18 CITY, ST, ZIP:	
TITLE:		19 TITLE:	
NAME:		20 NAME:	
STREET ADDRESS:		21 STREET ADDRESS:	
CITY, ST, ZIP:		22 CITY, ST, ZIP:	
TITLE:		23 TITLE:	
NAME:		24 NAME:	
STREET ADDRESS:		25 STREET ADDRESS:	
CITY, ST, ZIP:		26 CITY, ST, ZIP:	
TITLE:		27 TITLE:	
NAME:		28 NAME:	
STREET ADDRESS:		29 STREET ADDRESS:	
CITY, ST, ZIP:		30 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied to this filing is a true and correct copy of the original document on file with the Department of State. 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 registered agent, as shown on this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on attachment with an address.

SIGNATURE: *Edward J. Arrighi* - EDWARD J. ARRIGHI 4/8/96 813 397-2000
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE

CR2E034 (12/95)