## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



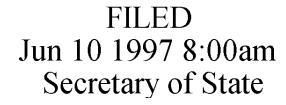
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400082589 (0)

OSPREY TOOL INCORPORATED





Principal Place	e of Business		Mailing Address			T TO DITEM THE SPAIN MISTA BRIDE BRIDE FROM HORD BRIDE HELD FOR THE	
13761 LINDEN DR., SUITE D SPRING HILL FL 34609			13781 LINDEN DR., SUITE D SPRING HILL FL 34609-5023				
• • • • • • • • • • • • • • • • • • • •					•	3. Date Incorporated or Qualified 11/10/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For
21			26			59-3276892	Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22			27			5, Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	☐ Added to Fees
Zip		untry	Zip	—	intry	8. This corporation has liability for i	
24	25		29	30	1	Florida Statutes  10. Name and Address of New Re	Yes No
	<del></del>	dress of Current F	registered Agent		81 Name	10, Name and Address of New Ne	Bisteled Wellt
	INSACK, SCOTT				1   3	JAMES TAUJOR	
	3 LINDEN DR., S			82 Street Ado		iress (P.O. Box Number is Net Acceptable)	
SPRING HILL FL 34609					83	202 Moves Rea	<u> </u>
					°°  \		
					84 City		FL 85 Zip Code
44.5		507.0500			Bec	obsorble	
office ON	to the provisions of a egistered agont, or b	socions 607.0502 a both, in the State of	and 607,1508, Florida Stat Florida, Suoki change was	utes, inc a s authorize	d by the corpo	orporation submits this statement for the paration's board of directors. It hereby accept	of the appointment as registered
agent. I a	familiar with, and	eacept the 00 gatio	ons of, Section 607.0505, I	Florida Sta	tutes.	٠١.	20 97
SIGNATURE	Signature, flyed or printed	Men of	Law 14	OTE Guerotae	d Apont pion at as as	equired when roinstaing)	-96-62
12.	Signature, typod or familios	OFFICERS AND I		13.	a rigent signature re	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE			DELETE	13.1	ITLE		☐ Change ☐ Addition
NAME	BOHNSACK, SC	OTT	•	1.2 N	AME		
STREET ADDRESS	11175 NEXUS D			1.3 S	TREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL			1.4 0	HTY-ST-ZIP		
TITLE	D		DELETE	2.1 T			☐ Change ☐ Addition
NAME	NICOLA, JOHN			2.2 N	IAME		
STREET ADDRESS	4444 64186418648				TREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL			2 4 0	CHTY-S1-ZIP		
TITLE	Ď		DELETE	3.1 T	ITLE		Change Addition
NAME	TAYLOR, JAMES	3		3.2 N	IAME		i
STREET ADDRESS	21262 MOORE			3.3 S	TREET ADDRESS	·	
CITY-ST-ZIP	Brooksville i	L 34609		3.4. (	CITY+S1-ZIP		
TITLE			☐ DELFTE	4.1 T	ITLE		Change Addition
NAME				4, 2 f	NAME		
STREET ADDRESS				4.3 S	TREET ADDRESS		
CITY-ST-ZIP				4.4 C	ITY-ST-ZIP		
TITLE			☐ DELETE	5.1 T	ITLE		Change Addition
NAME				5.2 N	į.		
STREET ADDRESS					TREET ADDRESS		
CITY-ST-ZIP					11Y-S1-ZIP		
TITLE	**		DELETE	6.11	1		☐ Change ☐ Addition
NAME				6.2 N	1		
STREET ADDRESS					TREET ADDRESS		
CITY-ST-ZIP				6.4 C	ITY-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 12 if changed, or on an attachment with an address.