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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # DOCOM

	TOOLING, INCO	RPORATED	90 (3)							
Principal Pla	ce of Business	Mailing	Address	······································			T REGISTER HER COLOR STATE COLOR SERVE SERVE SERVE SERVE SERVE	i ti Hi i i i i i	TOTAL BANK INCH	01     <b>10</b>
4305 NEPTUNE ROAD ST. CLOUD FL 34769 ST. CLOUD FL 34769-6				746						
							3. Date Incorporated or Qualified 12/09/1996	3a. D	ate of Last R	eport
	Place of Business	2a. Mail	2a. Mailing Address				4. FEI Number	<del>-  </del>		plied For
21 Suite, Ap	h # oto	26	e. Apt. #, etc.	<del>n. ,n,</del>			59-2410559			t Applicable
22 Soile, Ap	r #, e.c	27	в. Арт. <del>и</del> , етс.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & St	ate	······································	& State	····			6. Election Campaign Financing		\$5.00	May Be
23		28		, <u> </u>			Trust Fund Contribution		Added	
Ζφ <b>24</b>	Cour 25	ntry Zip		Coul	ntry		a. This corporation has liability for i	ntangible ] Yes		. 199.032,
<del></del>		iress of Current Registered	l Agent	130			10. Name and Address of New Re			
ML	ES, R S JR				81	Name				
4305 NEPTUNE ROAD				}	62	Street Ad	ess (P.O. Box Number is Not Acceptable)			
ST. CLOUD FL 34769					63					
				Į.						
				į	84	City		FL	85 Zip (	Code
office of agent. I SIGNATURE	registored agent, or hi am familiar wil) , mid a Signature, it was or printed in	Miles In	icable. (NO				rporation submits this statement for the pation's board of directors. I hereby acception when renatating:  ADDITIONS/CHANGES TO OFFICE	DATE	8/47/	
Tille	D	OTTOCHE AND DIRECTOR	DELETE	1.111	LE		ADDITIONS OF INITIALS TO OFFICE	LITO A	Change	Addition
NAME	WALTERS, R S	WALTERS, R S		1.2 NA	1,2 NAME					
STREET ADDRESS		ROAD TETTENHALL		1.3 ST	REET	ADDRESS				ļ
CiTY - ST - ZIP	WOLVERHAMPTO	N ENGLAND WU68SF	T proett	1.4 CI		T-ZIP			Channe	Addition
TITLE NAME				1	2 1 TITLE 2.2 NAME		•		Change	Addition
STREET ADDRESS	; }					ADDRESS				
COLY - S1 - 70P				2. 4 CI						
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NAME				3.2 NA		:				
STREET ADDRESS CITY - ST- ZIP	·			1		ADDRESS				
Tillf			DELETE	3.4. CI 4.1 TIT		51-21F		<del></del>	Change	Addition
NAME				4. 2 N	W.E					
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7/1LE			DELETE	5.1 Til					Change	Addition
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CITY-ST-ZIP	,			5.4 CI						Ì
TITLE			DELETE	6.1 TI					Change	☐ Addition
NAME				6.2 NA	ME			:		Į
STREET ADDRESS	5			6,3 \$1	AEET	ADDRESS				

14. If 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 altural 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 this proporation 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:

**FILED** 

May 14 1997 8:00am

Secretary of State