FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 236131 (9)

1. Corporation Name
SOUTHERN TOOL & EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
5625 NW 79 AVE MIAMI FL 33166 US	5625 NW 79 AVE MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/05/1960

4. FEI Number: 59-0899662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, CLYDE
5841 S W 91ST AVENUE
MIAMI, FL
33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	TREASURER, D	☒ Change ☒ Addition
NAME	THOMPSON, ALINE		1.2 NAME	~~CAROL~~ & CLYDE THOMPSON	
STREET ADDRESS	5841 S W 91ST AVENUE		1.3 STREET ADDRESS	5841 SW 91 Avenue	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	DC	☐ DELETE	2.1 TITLE	D,C,P	☒ Change ☐ Addition
NAME	THOMPSON, CLYDE		2.2 NAME	ALINE THOMPSON	
STREET ADDRESS	5841 S W 91ST AVENUE		2.3 STREET ADDRESS	5841 SW 91 AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	DV	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	THOMPSON, ROBERT		3.2 NAME	CAROL KIRKENDALL	
STREET ADDRESS	5502 S.W. 100 TERR		3.3 STREET ADDRESS	645 NW 27 STREET	
CITY-ST-ZIP	COOPER CITY FL		3.4 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, LINDA		4.2 NAME		
STREET ADDRESS	5502 SW 100 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KIRKENDALL, CAROL		5.2 NAME	900002540679	
STREET ADDRESS	6346 SW 136 CT HILL		5.3 STREET ADDRESS	-05/23/98--01031---011	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5'28 JP

CR2E034 (10/97)

14. I 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: _____ 4-15-98 305-591-8444