

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K64154

**Entity Name:** TOOLE-ASMA, INC.**Current Principal Place of Business:**859 W. HIGHWAY 50  
CLERMONT, FL 34711**Current Mailing Address:**P.O. BOX770099  
WINTER GARDEN, FL 34777-7099 US**FEI Number:** 59-2930088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOOLE, WALTER S. II  
500 S. DILLARD  
WINTER GARDEN, FL 34787 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	TOOLE, WALTER S., II
Address	P.O. BOX 770099,
City-State-Zip:	WINTER GARDEN FL 34777-0099

Title	1ST VP
Name	TOOLE, PATRICIA S
Address	P.O. BOX770099
City-State-Zip:	WINTER GARDEN FL 34777-7099

Title	2ND VP
Name	ASMA, WILLIAM N
Address	P.O. BOX770099
City-State-Zip:	WINTER GARDEN FL 34777-7099

Title	DIRECTOR
Name	ASMA, WILLIAM N
Address	P.O. BOX770099
City-State-Zip:	WINTER GARDEN FL 34777-7099

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER TOOLE**PRESIDENT****03/05/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date