2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2015
Secretary of State
CC4563058906

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Entity Name: TOOL DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1825 N MAGNOLIA AVE
OCALA, FL 34475

Current Mailing Address:

PO BOX 2498
OCALA, FL 34478

FEI Number: 20-0460043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CHRIS C
1825 N MAGNOLIA AVE
OCALA, FL 34475 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	PD	Title	STD
Name	SMITH, CHRIS C	Name	SMITH, SALLY A
Address	1825 N MAGNOLIA AVE	Address	1825 N MAGNOLIA AVE
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34475

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: SALLY A. SMITH SECRETARY/TREASURER 01/26/2015

Electronic Signature of Signing Officer/Director Detail — Date